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Poor People on Public Welfare Boards and Committees

Participation in Policy-Making?

Edward J. O'Donnell and Catherine S. Chilman

Social agencies are unmistakably moving toward involving low-income persons in planning and carrying out service programs that affect their lives. Yet the objectives of such participation and the extent to which they can be achieved are obscure. Despite confusion about the goals and probable outcome of such involvement, the movement is gaining numerous adherents and its principles are being reflected in the policies of many health, education, and welfare agencies and in recent Federal legislation and administrative guidelines.

Although the movement goes far beyond the programs of the U.S. Department of Health, Education, and Welfare (HEW), our discussion in this article centers on the trend in public welfare—specifically on the trend toward including low-income persons as advisers to and policy-makers in public welfare programs.[1]

Background of the movement

The idea of citizens serving as advisers and policy-makers in Federal programs is not new.[2] The U.S. Department of Agriculture has involved local people in planning its extension service programs for decades.[3] The Federal Housing Administration, predecessor of the U.S. Department of Housing and Urban Development, fostered the principle of citizen participation in urban renewal programs—an idea greatly enlarged in the model cities program. The Office of Economic Opportunity (OEO) enlists the participation of low-income people in the war against poverty and emphasizes the principle that poor people have a right to help plan and staff programs affecting them.

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In the last year HEW took several steps to promote the effective involvement of citizens in its activities. In response to the Poor Peoples Campaign (summer 1968), the former Secretary of Health, Education, and Welfare, Wilbur J. Cohen, called for the active participation of recipients and other poor people in a broad range of HEW programs. A number of national committees of the poor have since been established to serve in advisory capacities to Federal agencies. In a task force report on parent participation, the Department recommends that all parents, but particularly low-income parents, take part as advisers and employees in its programs.[4] HEW's administrative guidelines for Title I of the Elementary and Secondary Education Act require applicants to indicate that local advisory committees will be set up to plan, operate, and evaluate compensatory education programs.[5] In January 1968 HEW established an Office of Citizen Participation in the Social and Rehabilitation Service (SRS) to coordinate programs and to serve as a clearinghouse and as a focal point for developing the idea of recipient involvement in SRS programs and services. SRS guidelines for the 1967 amendments to the Social Security Act require States to set up advisory committees for aid to families with dependent children (AFDC) and child welfare programs and to insure that committee members have adequate opportunity for participation in both policy development and program administration.[6] SRS policy also stipulates that an advisory committee on day care service be set up and that at least a third of its members be drawn from recipients or recipient representatives.[7]

The argument for participation

Cogent arguments can be made for having low-income persons and public assistance recipients serve as members of advisory committees and boards of public welfare. Generally, the persons for whom programs operate are

not represented at policy-making and planning levels. A 1962 survey found that welfare agencies had little experience with recipient participation in their programs. Professors of social work and agency administrators were generally opposed to the appointment of recipients to public welfare boards because of alleged incompetence, high turnover, and conflict of interest. They favored appointment of low-income people to State and local advisory committees, but they did not agree on how to organize such committees.[8] Presently, recipents serve on welfare boards in only a few States; these include Maine, Massachusetts, and Delaware.

A study sponsored by the American Public Welfare Association proposes to investigate the extent to which citizens—particularly low-income people and the recipients of services—are participating in the work of State and local public welfare boards and committees and the extent to which their participation contributes to effective administration.[9]

The movement to extend greater power to people in public welfare programs is closely associated with changes in our social institutions. Leaders of poor people's groups and recipient organizations are demanding more representation in institutions affecting their lives. Efforts like the Poor Peoples Campaign and the Welfare Rights Movement point up the determination of such groups to wield power and influence.[10] They are no longer willing to be shut out of the community as a whole and cut off from resources necessary to survival in a competitive world.

A society that is increasingly urban, centralized, materialistic, and impersonal threatens the humanity of all men, but particularly those who are poor. Worldwide violence, conflict, and demands for "confrontation and significant dialog" are probably related to the many kinds of pressure put on all people, but especially on those on the fringe of society. The movement toward the "participation of the poor" is but one aspect of the revolution against the obliteration of individuality, one more attempt to establish greater interaction between institutions that have grown so very large and individual persons who feel so very small.

The major objectives of participation

Although the rational basis for increasing the opportunities of poor people to take part in planning and operating social service programs is ample, confusion regarding the program and policy objectives of participation, as we have said, is considerable. Confusion shows itself in several ways: the wide range of antipoverty programs set up in different neighborhoods and communities, the different kinds of action reported in the mass media and professional literature, the varying methods followed and goals held by different anti-poverty and minority group organizations, and the varying bodies of social science theories and research findings used to support different points of view.

The participation of the poor has different meaning to different people and even different meaning to the same people at different times. There are, nevertheless, generally accepted objectives, specifically these four:

- To help poor people feel less alienated from the institutions that purport to serve them.
- To provide poor people with an opportunity to influence the decisions that affect them.
- To improve communication between low-income persons and other persons in the community.
- To provide poor persons with an opportunity for socialization into the ways of the community at large.

Reducing alienation

That the poor feel alienated from social institutions, there is no doubt. Indeed, alienation is increasing in many segments of society.[11] The fact that poor people have been virtually excluded from organizational life is indisputable.[12] Efforts made so far to include low-income people in community programs have mostly been token and sporadic. Many institutions are criticized as being excessively if not exclusively oriented to the middle-class and as being impervious to the needs of minorities. Schools, medical and social agencies, and police and welfare departments are prime targets for such criticism. Studies of community power structures, traditional agency boards, and voluntary associations attest to the fact that small elitist groups exercise considerable power and influence[13] and that tight control by such groups has greatly contributed to the hostile disaffection of minority groups. But these conditions have also led to the development of countermeasures to surrender more power to minority groups and low-income people through decentralized operations and the establishment of neighborhood organizations.

To what extent these countermeasures will reduce the alienation of the poor is an open question. Neal and Seeman have shown that members of labor organizations have a stronger sense of control over events than unorganized laborers, and they suggest that such organizations may provide a bulwark against the development of alienation in mass society.[14] Dare, in a study of the

boards of directors of Atlanta's economic opportunity program (EOA), compared the characteristics of a sample of members serving in 1965 with a sample serving in 1966. He found that the advisers from low-income groups who had been chosen by a combination of selection and election—selection by persons influential in the community and election by members of the community the advisers would represent—were more alienated and had fewer organizational memberships than the 1965 advisers who had been chosen by the EOA staff. In fact, the 1966 advisers had many more of the characteristics associated with the poor than the 1965 advisers. How effective participation on the EOA boards was in reducing alienation was not determined.[15]

Because the individual person has become increasingly powerless to control his destiny and the institution too large and impersonal to be effective, bureaucracies are likely targets for activity and change—both from within and without. The participation of the poor in the work of bureaucracies potentially provides people with an increased sense of worth and power and the bureaucracies with an increased sense of purpose and effectiveness.

Two broad methods of effecting change in bureaucracies through organization are apparent: from within—through the decentralization of authority—and from without—through persuasion and protest. But Glazer observes: "Our bureaucracies are more difficult to adapt to new needs then those in Europe, and reformers, progressive administrators, and clients alike despair of making any great impact upon them, and so prefer to set up competing organizations, or to attack bureaucracies to force them into change."[16]

The middle ground between pushing from within and pulling from without is that occupied by the opinion and influence represented in boards and committees attached to institutions and organizations. Such board and committee activity, however, is still carried on within a bureaucracy. The extent to which public welfare departments offer realistic opportunities for participation or present peculiar problems has yet to be determined. Friedlander suggests that the structure of the public welfare system precludes useful citizen or client participation and cities the "impermeability" of the system as a major reason for the development of the Welfare Rights Movement.[17] The maze of legislative and administrative rules and regulations and policies and procedures that govern public welfare agencies is well known.

In contrast, Appleby suggests that the very rigidity of the system lends itself to the pursuit of the legal rights of welfare recipients. He says: "The most significant institutional change has occurred in the public welfare system where a clear set of standards and an impartial appeal system made effective legal advocacy possible."[18]

Reviews of programs that include the principle of "participation of the poor" indicate that conflict almost invariably arises over lack of clarification regarding differences between policy-making and advisory functions. In a study of community action programs in five California communities, Kramer observed just such disagreement.[19] Ideally, the distinctly different functions of policy-making boards and advisory committees should be made clear and consistent. Boards usually have broad power to make policy decisions; committees merely advise and make recommendations.[20] Yet many committee members press for, and think they have, the powers of board members. Board member powers also necessarily have their limitations in respect to the details of decision-making.

The line between setting a broad course of action by boards and the administration of programs is thin. Generally, though a board has broad policy-making powers, administrators reserve the right to hire and fire staff members and to make specific day-to-day decisions about operations. Some of the problems caused by citizen participation on boards and committees arise partly because professional and lay persons fail to understand their legitimate responsibilities or inappropriately attempt to usurp each other's authority.

A board or committee member is affected by the constituency he represents. His response to and feeling of responsibility toward the board or committee will be different, depending on whether he was selected by the agency or elected by the people he represents. Dare, for example, reports that the Atlanta EOA election led the board members to believe that they had a mandate from the people of their neighborhoods for assuming authority and taking decisive action.[21]

The prospects for effective citizen involvement through membership on boards and committees in larger issues, though slim, are not hopeless. The experience of at least one State board of public welfare seems to attest to the feasibility of moving beyond purely administrative problems. Despite "some controversy" and "strong resistance," the board is exploring the question of how the welfare system meets the general problems of the poor and has successfully augmented the work of its staff in this regard.[22]

Some claim, however, that a public social service agency cannot become involved in larger social and

economic problems, that an agency's attempts to mix service and social action can result in chaos, and that either one function or the other becomes lost or submerged. Kramer found that the agencies he studied were confused about goals and the means to achieve them.[23] Studies by Kirschner Associates, Hallman, and Gilbert also attest to the difficulty of carrying on social action and service programs in the same agency.[24]

Marris and Rein draw this conclusion: it is unlikely that a community action project dependent on the approval and economic support of the government and of foundations can champion radical democracy.[25] And Glazer believes that "using government funds for . . . controlled revolution will turn out to be too demanding for both Federal administrators and local community-action organizers."[26] Perhaps the chief issue is the extent to which public programs can pay for, speed up, and legitimate the pressure for participation and change and the extent to which the pressure will find its way to extralegal and extragovernmental channels through riots, demonstrations, protests, or militant social action.

Apparently, many obstacles are likely to stand in the way of effective change through the membership of low-income persons on public welfare committees and boards. To the extent such change fails to occur, it seems likely that the alienation of the poor from the welfare agency and middle-class society will increase. As the functions and powers of boards, committees, and social action groups are better defined, their limitations, as well as potentialities, should be better understood: whether they will be better accepted by the poor is another matter. However, such clarification may reduce their feeling of being misled. Although clarification of limits and of responsibilities is likely to induce resistance and anger, field observations suggest that clarity and consistency in the face of pressure may appear as evidence of respect for one's self and for others: an important influence in reducing alienation and frustration.

The opportunity to influence decisions

Research concerning social organizations indicates that the patterns of community organizations broadly reflect community social structure.[27] Even within individual agencies and organizations, boards and committees can be differentiated according to the power and prestige they confer on members.[28] It is probably safe to assume that within the affiliations available to the poor hierarchies will develop whereby upwardly mobile persons will move from one organizational rung to another. But the pertinent question here is what opportunities are available to the poor to reach the first rung.

Particularly in the past 5 years, the Federal Government has taken the lead in "attempting to open up the opportunity system" for disadvantaged and handicapped persons, including the poor, particularly Negroes. The public is confused as to the meaning of the term, and it is not clear how far most Americans are willing to go in this direction. Both of these conditions are apparent in the diverse programs launched under the Economic Opportunity Act. These programs range from those emphasizing changing the person through education, job-training, and job placement to those emphasizing "changing the system" through community social action. The system itself is charged with robbing the poor of power.

Membership on a board or committee means little or nothing if the member is without power. As suggested by Dahl and Rossi, power and influence can derive from a number of sources: control over money and credit; the mass media; groups with mutual interests; and knowledge, values, and "prestigeful interaction."[29] To be effective, people must have access to such resources and be willing to take advantage of them.[30] Unfortunately, the poor have had few resources and little opportunity to mobilize what they have. Conventional political and social methods of organizing have been severely limited in low-income communities. Such communities lack the individual, as well as the organizational, resources associated with social participation. The people who live in them are not usually the kind who take part in organizational activities.

Gans points to the transience of poor people and to their suspicion of landlords, storeowners, policemen, and politicians and suggests that their "involvement in the neighborhood is at best neutral, and more often, negative."[31] Foskett says that participation is greatly facilitated by the opportunity for communication with participants from other social and economic levels; the ability to articulate; the means to afford the time and expense involved; and the awareness of the relevance of participation to one's personal situation or value system.[32] Poor people are unlikely to have opportunities, abilities, attitudes, and values like these.

Poor people have fewer of the kinds of resources that favor effective participation. Poverty fosters life styles oriented toward physical action rather than verbal communication and toward authoritarian rather than democratic interpersonal relations.[33] Furthermore, the conditions of poverty deprive poor persons of the

resources necessary for organizational life and bring out rejecting and scornful attitudes in the prosperous members of organizations. Thus, the people who most need effective organizations are those least likely to have them.

Specht says that barriers to the effective participation of poor people in organizational life come from four sources: the people themselves–their self-defeating attitudes; community attitudes–such as discrimination toward minority groups; the organization–characteristics that discourage participation; and the political structure–the opposition of the dominant political machine to admitting new members.[34] Thus, participation by low-income persons is severely limited by lack of organizational and individual assets and environmental supports.

The sheer burden of survival in low-income communities often prevents low-income persons from participating in organized activity–and, when they do, from being effective. "Many have heavy debts, physical illness and suffer the consequences of broken, disrupted homes. Many are poorly or inadequately educated. Some... distrust and are hostile toward professionals, sponsoring agencies–and sometimes themselves."[35]

Kramer found that splinter groups frequently formed in community action programs and that factional strife consumed much time and energy. Conflict occurred when differences arose among ethnic groups and between lower class members and staff members and staff members and directors. The issues varied from community to community, but few programs were free from strife.[36]

The fundamental issue in most struggles was the scramble for jobs. Because they have few resources, persons in low-income neighborhoods and organizations are particularly susceptible to intense competition. Ghetto life increases the likelihood that such feeling will be turned inward. According to Rainwater, "aggression directed within the group is one of the things that make it difficult to have any continuing organization (within the ghetto). It is one of the reasons why it is possible to organize people around specific crises that have an immediate impact that permits momentary focus on the fact that the outside world imposes these constraints. This quickly falls apart, however, and the group returns to the same old way of doing business."[37]

The highly vulnerable low-income community feels organizational discontinuity more intensely than any other. Cunningham indicates that the problem of the poverty program was not so much in mobilizing participation as in sustaining it.[38]

The problem of sustaining motivation and peaceful relations is not peculiar to lower class organizations, of course. Every group has within-group and between-group rivalries. Conflict in middle-class groups, though usually subtle and covert, can also alienate group members. "The main problem in voluntary associations is to maintain motivation. To sustain high commitment for long periods of time is, understandably, an even more difficult task."[39]

Except for a handful of "select" leaders, poor people are systematically excluded from organizations. When they are allowed to participate, they feel "uncomfortable" and "treated as special." They see participation "as highly competitive," and "they feel that they are left out by their inability to dress well, to speak correctly, and so on.... Lower-class people expect to be manipulated, looked down upon and exploited by organizations."[40]

The severe problems involved and the very limited prospects for the participation of the poor in the work of public welfare boards and committees notwithstanding, experience does provide some perspective on the current situation. At best, few people participate actively in organized efforts–even in middle-class organizations. Information concerning individual participant characteristics is very limited. Perlman and Jones report: "No data are available on who actually participates in neighborhood organizations.... Information about participation in terms of either total number of or proportion of the target population is also scanty."[41] Organized participation in neighborhood centers provides such a point from which to view the people involved. The Kirschner Associates early study of neighborhood centers found that one common thread appeared "through all forms of participation... it is the upper stratum of the poor which is involved and the 'problematic' and 'disreputable' poor are almost totally uninvolved except on an emergency basis... most of the poor have no involvement whatsoever."[42] Just as most traditional community organizations have an upper middle-class bias, apparently most innovational neighborhood organizations have an upper lower class bias.

The experience of OEO programs also provides information about the participation of the poor in policy-making decisions. Mathews reports: "During the first years of the program 'only an inconsequential number of emblematic poor' served on Boards dominated and controlled by a social welfare-education-civic elite."[43] The Kirschner Associates study found that "poor" board members were inarticulate and ineffective,

that they felt frustrated, that their views were not respected, that they had no real control, and that they were "inadequate to cope with the complexity of affairs confronting them."[44] Representatives of the poor were conservative "company men" who did not want to "rock the boat."[45] Role conflict and reference group theory suggest that at least the socially mobile representatives of low-income neighborhood groups tend to overidentify with their middle-class colleagues on boards and committees and in the process alienate the groups they represent.[46] The problems of recruitment and representation obviously loom large; the potential for formal or informal cooptation of the poor by the "establishment" is great.

Though most of the poor have been involved as advisers only, the pressure for more active and influential roles in policy-making continues.[47] Similar pressure will probably be put on public welfare boards and committees.

Most representatives of the poor have thus far been appointed by mayors, city councilmen, or boards of county supervisors. Although OEO programs have used both selection and appointment, programs in several cities have held elections. According to Levitan, the participation rate in these elections ranged from 1 to 5 percent of the eligible voters. He concludes that, "since these elections were widely publicized, particularly in low-income neighborhoods, it was apparent that the vast majority of the poor did not participate."[48] In contrast, Shostak points out that in Philadelphia voter interest was high and that the greatest interest and heaviest voting occurred in the poorest communities.[49]

Despite the great handicaps under which the poor have labored, cautious optimism may be in order. Shostak says that the 12 spokesmen for the poor on the Philadelphia Antipoverty Action committee often voted together. They did not appear to be "overwhelmed" by the professional members; and they "successfully pressed for concrete and swift results, keeping up strong pressure to move proposals through the unfamilar... bureaucratic channels and red-tape procedures that confront every antipoverty proposal." He concludes that the contributions of these representatives of the poor far outweighed the problems raised by their participation.[50] On the basis of a study of some 35 community action agencies, Hallman concludes that "after two years of experience, representatives of the poor are beginning to be influential in the governing boards.... At first these representatives did not understand board proceedings and were inarticulate, but in recent months they have been more expressive and more forceful."[51]

There are serious questions as to whether the participation of poor people on boards and committees will effectively increase the power and influence of low-income members. Their lack of access to the economic and organizational sources of community power, the poverty in which they live, and the life styles that do not favor cooperation and commitment to long-term goals seem to block their organizational effectiveness. Evidently, only a few low-income people try to become advisers and policy-makers. But there is also evidence that low-income people do produce leaders who can with experience become effective and influential.

Improving communication

Communication between the poor and other members of the community is not and will not be easy. Citizen board and committee members representing different social and cultural backgrounds will probably find it hard to understand and accept each other. Staff members of public welfare agencies will be confronted with conflicting viewpoints and challenges to their prerogatives. They will probably be hampered by their inexperience and lack of training in communicating with citizen groups. "The field of public welfare has created boards but many times has shown no skill in how to use them. There is no point in having a board unless you have professionals involved in making the board active and effective."[52]

Findings from research related to small groups provide leads that may be useful in considering the issue of communication. Because these findings are drawn from studies of middle-class groups in structured settings, they may be only indirectly applicable.[53] In our discussion we assume that representatives of the poor on public welfare boards and committees are of lower social and economic status than other members and are drawn primarily from minority groups.

Studies of group behavior suggest that high status members of organizations are usually more active and influential and take more responsibility for the success of the group than others.[54] In large boards and committees, members of the same ethnic groups usually interact exclusively with each other and exhibit similar patterns of behavior.[55] Without a close working relationship, Negroes often withdraw from situations in which they must compete with white persons.[56] In experimental studies Negro college students displayed marked social inhibition and impairment of intellectual

ability when working with white students at cooperative problem-solving.[57] Yet the opportunity to work repeatedly and successfully with the same persons increases the likelihood of Negroes and white persons participating equally.[58]

To the extent that representatives of the poor are in the minority, they are likely to be under great pressure to conform to the will of the group. Whether a member conforms, however, may depend on whether he is accepted by other members. Neither the highly accepted member nor unacceptable member tends to conform: the one because he feels secure; the other because he sees no point in conformity.[59] In general, an individual member of a board or committee may feel great pressure to conform when the issue is comparatively ambiguous; when his judgment will be made public; when most members hold the same view; and when he highly values membership in the group.[60]

Individual members, particularly persons from minority groups, may reach outside the board or committee for strength and support. Welfare rights organizations and other groups will probably lend considerable power and influence to them.[61] Low-income members may compensate for what they lack in organizational skill and resources by their knowledge and experience as poor persons or as the recipients of services.

In general, board and committee members will be most satisfied and collective efforts most productive when the group is task-oriented and is able to accomplish specific results[62] in an equalitarian, democratic climate. Open discussion and decision-making in a group with full participation will also make the committee more effective.[63] A democratic attitude in and self-confident behavior from the staff will improve communication. Informal reports of successful staff-committee relations in public welfare agencies suggest that frankness, informality, and flexibility in working with low-income groups are important to communication. Low-income people usually prefer direct, specific, clear statements to abstractions. Poor education and action-oriented life styles are likely to hamper their ability to understand and to make themselves understood when an intellectual, impersonal method is followed.[64]

One special problem that may arise when recipients and staff members participate together on boards and committees is this: they are likely to carry over attitudes and feelings originally developed within the worker-client relationship.[65] The staff member, feeling that he and he only is an expert on public welfare, may play down the potential contribution of the recipient. The recipient may feel ill at ease—ambivalent or hostile toward the staff member—and may suffer from a feeling of subservience. Briar found that most welfare recipients saw themselves as dependent supplicants and not as citizens with rightful legal claims.[66]

True communication with the board's constituency—including the poor—is vital to public understanding and support of the organization. In part, understanding will depend on the support available in the community to the poor serving on boards and committees, whether they are elected or selected and by whom, and the extent to which they maintain the base on which they were chosen.

Apart from the access to and use made of these sources, low-income people generally rely on informal channels of communication and interaction.[67] Dare reports that the chairman of the EOA's board of directors told members that "attempting to communicate with the city's poorer areas by radio and newspaper was less effective than working through ministers and their pulpits, knocking on doors, and using other types of personal contact."[68] Specht also underscores the importance of ministers and churches for Negro communities. "The Negro church still remains the most formidable institution involving significant numbers of lower-class Negroes and is the only indigenous institution of the community that also has its own personnel, facilities, and established means of communication."[69]

Socialization through participation

The life styles of low-income persons represent an adaptation to but not an escape from poverty, and to this extent poor people remain inappropriately socialized.[70] A large body of social and pyschological research and theory indicates the importance of involving all members in the processes of the group if their motivation for changing and ability to do so are to be aroused and kept alive. Anthropologists point out that cultural change is unlikely unless the need for and advantages of change are clear to all members of a society and its leaders endorse and act to effect such change. Although social and behavioral scientists vary in detail, they agree that learning does not occur unless the person takes active part in the learning process and feels rewarded for his participation.

Thus, if poor people are to learn how to adapt to society, if they are to be motivated to become full-fledged members, if they are to acquire the competence needed for social and economic independence, they

must participate in society's group processes and their participation must result in clear rewards such as more income, better jobs, better housing, and a fair share of economic abundance.

Increased participation in the planning and carrying out of public welfare programs appears to hold out some promise. It reflects a recognition that our social and economic systems are significant in contributing to economic dependency and that poor people have a right to share in the shaping of social programs, especially those affecting them. It rests on the principle that active and effective involvement in community affairs rather than passive acceptance of adversity may counteract fatalistic and alienated life styles.

Although participation in the work of boards and committees is likely to involve only a small proportion of the poor, potentially it can provide the participant with a creative learning experience that can affect others in his neighborhood. However, if the participant has an unfavorable experience, he is just as likely to communicate his hostile or fatalistic attitude.

Revolutionary social changes demand that all people acquire new values and attitudes. Among the changes to which they must adapt are the demands of poor people for real equality. Through participation in group meetings with disadvantaged people, middle-class members of boards and committees may acquire new knowledge and insight. Whether they do depends on many aspects, including the quality of group leadership and whether leadership promotes open communication.

Suggestions for research

The need for research concerning the effectiveness of the participation of low-income people in the work of the boards and advisory committees of public welfare agencies is obvious. A wide range of investigations, including surveys, informal evaluations conducted with group members and staff people, and formal program research must be undertaken. The major question is this: Have the objectives of the participation of the poor in the work of boards and committees as discussed here been attained in whole or in part? Answers might be sought through research concerning these specific questions.

- Has the welfare department made program and policy changes suggested by the board or advisory committee? What changes? How have the views of public assistance recipients changed? Those of agency staff members? Those of the community as a whole?
- Do low-income board and committee members believe that through membership they have attained rights and acquired power equal to other members of the board? Do other members think their rights and powers have been reduced? If so, how have they responded?
- Does the existence of participatory boards and committees affect the sense of powerlessness low-income groups often feel? Do such boards and committees make low-income members feel they have more influence in the operation of the welfare system than they had before they were on the boards?
- Does participation on such boards and committees by people from all socioeconomic levels promote communication and greater understanding between members? Do the attitudes of members toward each other and the group they represent change? Does increased information and understanding spread to the agency administrator and staff? To the community?
- Do public assistance recipients, in general, know about such boards and committees? How do they view them? To what extent do they believe that the "poverty members" represent their views? Are they aware of communication channels that could keep them informed about board and committee activities? Do they belong to groups in contact with board or committee representatives?
- Is the community as a whole aware of boards and committees? What is the attitude toward them? Does the attitude shift in time?
- What effect does board and committee membership have on the social skill of low-income members? Do they increasingly identify themselves with such middle-class values as commitment to long-term, abstract goals? Do they acquire greater skill in verbal communication and in organizational behavior? Does their employment status change?
- What kinds of change are better undertaken through organized efforts outside of the existing welfare system?

Attempts to obtain dependable answers to questions like these are far from simple. Many problems present themselves, particularly concerning these points: the reliability of answers obtained from questionnaires or interviews; the validity of answers obtained; and whether results are associated with the existence of boards and committees.

In conducting studies concerning these points, a careful accounting must be kept of several aspects, including these: program input—for example, the kind of leadership provided for committees or boards; the community and agency situation in which the board or committee operates; and the composition of the board or committee. Such aspects are likely to affect the results. Without taking into account mitigating circumstances, the research might reach biased conclusions about boards and committees as such.

Studies on such subjects might lend themselves to informal evaluations by staff members to find ways to increase the effectiveness of an agency board or committee. Of course, only formal research would give

confidence to the results as they related to the community. A series of carefully designed studies conducted in several communities would have to be completed before generalizations could be drawn.

Studies conducted over a long time (3 years or more) to permit fair assessment of the effects of a continuing program are greatly needed. Public welfare boards and committees, newly constituted to include a cross-section of the community and a large proportion of low-income people, would likely face several difficulties at first that could be reduced through experience and mutual accommodation. Thus, studies that allow for analysis of changes in group behavior and change over a period of time are needed. If patterns of group movement are observed and analyzed in a number of situations, helpful conclusions might turn up as to how to improve the long-range effectiveness of such groups.

Other studies might aim at finding out what blocks and what promotes effective committee and board action, using the methods of small group research. Information from such studies should be useful to the agencies directly involved and might provide information for other, similar organizations.

Questions might arise in many communities as to which of several programs aimed at increasing the participation of poor people would be the most effective. We have indicated that ways to promote participation include employing them in human service programs, using them as volunteers, and giving them membership in agency-independent social action groups. The study topics suggested might be expanded to include questions about other forms of participation. These questions might concern what forms of participation respondents know, which they prefer, and which appear to have the greatest effect on socialization, employment, and family stability.

Where does participation stand?

Although government action is opening the way for increased participation by poor people in the work of public welfare boards and committees and the reasons for their participation are strong, the question of whether participation works is unanswered. Can participation lead the way to power and real involvement in society for those now excluded by poverty and failure? Can it bring about changes that will reduce the amount of poverty or only changes that adjust the nature of social services and the way in which they are delivered? Can it bridge the gap in communication between the rich and the poor? Can poor people acquire the skill, understanding, and flexibility they need to have a greater share of power, resources, and opportunities? More specifically, can the Nation provide opportunities for people to effectively engage in community decision-making through participation in the work of public welfare boards and committees?

We can at least offer tentative answers to these questions. Leaning heavily on the theory and evidence we have cited, we tentatively conclude that the poor will have restricted opportunity to take part in the work of welfare boards and committees, that participation will take the form more of advice-giving than of policy-making, that the poor moving upward socially will be selected for participation, and that participation will be conservative and traditional and probably not very effective. But we also believe that, in time, the representatives of the poor will more actively reflect the needs and aspirations of the people they represent, will more aggressively assert themselves during board and committee deliberations, will press for radical reform of the social welfare system, and will be more effective in organizations.

Considerable conflict and pressure are likely to attend these changes, as members from low-income and minority groups strive with increasing determination to get their share of democracy's blessings. Such conflict will be reduced if real participation is encouraged; if agencies are ready to listen to and communicate with constituent groups; if the limits of power and the functions of advisory committees, policy boards, and independent social action groups are clearly defined; if agencies become more responsive to demands for change; and if other opportunities are simultaneously opened to poor people to attain full membership in the social and economic system. If, however, participation is denied and opportunities are blocked, the Nation can expect increased alienation, hostility, withdrawal into separation, and a widening of the gulf between the justifiably resentful poor and the rest of society.

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[10] See, *for example, the analysis of Joseph E. Paull, "Recipients Aroused: The New Welfare Rights Movement,"* Social Work, *Apr. 1967, pp. 101-106.*

[11] *A Louis Harris survey found that between 1966 and 1968 the number of U.S. Negroes who felt alienated increased from 34 to 54 percent.* Washington Post, *Apr. 15, 1968.*

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(Continued on page 28)

OAA Recipients in 1965

Demographic and Program Characteristics

Shirlene B. Gray

Among the nearly 20 million Americans who are at least 65 years old, over 2 million are recipients of payments under the Federal-State program of old-age assistance (OAA). The two articles that follow contain data from a 1965 nationwide survey of OAA recipients. One conclusion to which they point is that for many elderly persons life is not a "swelling estuary": many OAA recipients have poorer housing, less money, and fewer opportunities to lead rewarding lives than other Americans, including those of their own age. These articles are the first of a series, all centered on the findings of this survey. Others will report on such aspects as income and health.

More than 2 million men and women 65 years of age or older were receiving old-age assistance (OAA) in the spring of 1965. At that time the Bureau of Family Services, Welfare Administration, Department of Health, Education, and Welfare, conducted a nationwide survey of the demographic and economic characteristics of OAA recipients. Data were obtained from two sources: case record schedules completed from agency records by caseworkers responsible for the cases included in the survey and a mail questionnaire sent to recipients in the survey.

The first part of the report on the survey produced data about the general demographic and program characteristics of the OAA recipients. This article is a report on some of these data.[1] The survey included representative samples of at least 500 OAA recipients in every State and jurisdiction except Guam (the Virgin islands included all of its 456 recipients). The samples included all recipients of money payments and of long-term institutional care but not recipients who received only vendor medical care other than long-term institutional care. Data are based on the caseworkers' reports.

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Summary of the findings

The major findings about the general demographic and program characteristics of OAA recipients in 1965 were these:

- The median age was 76.6 years—4.1 years higher than the median age for all persons 65 years of age or over in the United States.
- White recipients were slightly older than nonwhite recipients; their median age was 77.0 years; that of nonwhite recipients, 74.8.
- Over half lived outside SMSA counties.[2]
- Over two-thirds were women.
- Over three-fourths were white; 22 percent were Negro.
- Over half were widowed; one in four was married and living with a husband or wife; about one in 11 had never married.
- More men (45.7 percent) were married and living with their wives than were single or separated; most women (66.1 percent) were widowed.
- About 3 percent were employed, mostly part time.
- Over two-fifths of the women, but only 4 percent of the men, had never had paid employment.
- Over two-thirds lived in their own homes; over a third were living alone.
- Eighteen percent had changed residence during the preceding year.
- Nearly half of those living in households owned or were buying the housing unit; 43 percent were renting.
- The average (median) OAA household had 2.3 members.
- In 42 percent of the households, all members were in the assistance unit (an OAA assistance unit includes the recipient and other persons, if any, whose personal requirements are included in the budget on which OAA payments are based.)
- A fourth had no living children; another fourth had five or more.
- About one in 50 had dependent children.
- One in eight had a child contributing to his support.

Table 1. Sex and race of OAA recipients, 1965

Sex and race	Percent of recipients
Total	100.0
Men (total)	31.6
White	23.8
Negro	6.7
American Indian	0.3
Other	0.3
Unknown	0.5
Women (total)	68.4
White	51.5
Negro	14.9
American Indian	0.3
Other	0.3
Unknown	1.3

Table 2. Marital status of OAA recipients, 1965

Marital status	Percent of recipients		
	Total	Men	Women
Total	100.0	100.0	100.0
Married (total)	26.4	47.6	16.6
Husband or wife present	25.2	45.7	15.7
Husband or wife absent	1.2	1.9	0.9
Separated	4.6	5.8	4.1
Divorced	6.3	6.5	6.3
Widowed	53.6	26.7	66.1
Never married	8.7	13.0	6.7
Unknown	0.3	0.4	0.3

Table 3. Employment status of OAA recipients and time since latest employment, by sex, 1965

Employment status	Percent of recipients		
	Total	Men	Women
Total	100.0	100.0	100.0
Currently employed (total)	2.7	4.4	2.0
Full-time	0.4	0.8	0.3
Part-time regular	1.0	1.1	1.0
Part-time intermittent	1.2	2.4	0.7
Previously employed (total)	62.8	90.1	50.2
Less than 1 year ago	1.5	2.4	1.1
1 but less than 5 years ago	9.1	14.5	6.6
5 but less than 10 years ago	13.3	21.7	9.4
10 but less than 15 years ago	11.5	18.1	8.5
15 or more years ago	19.0	23.1	17.2
Time unknown	8.4	10.4	7.4
Never had paid employment	29.3	4.0	41.0
Employment history unknown	5.1	1.5	6.8

- Only 6.3 percent lived with one or more children contributing to their support.
- Only one in six was confined to his home because of physical or mental conditions.
- More then four-fifths had received no social services in the 90 days before the survey.
- Only 12 percent were receiving protective services.
- The median length of time since the most recent opening for OAA was 6.0 years.
- Most husbands and wives received separate OAA payments.
- Almost half were receiving payments under the program of old-age, survivors, and disability insurance (OASDI), as well as under OAA.
- Only 4 percent were receiving benefits or pensions from sources other than OASDI.

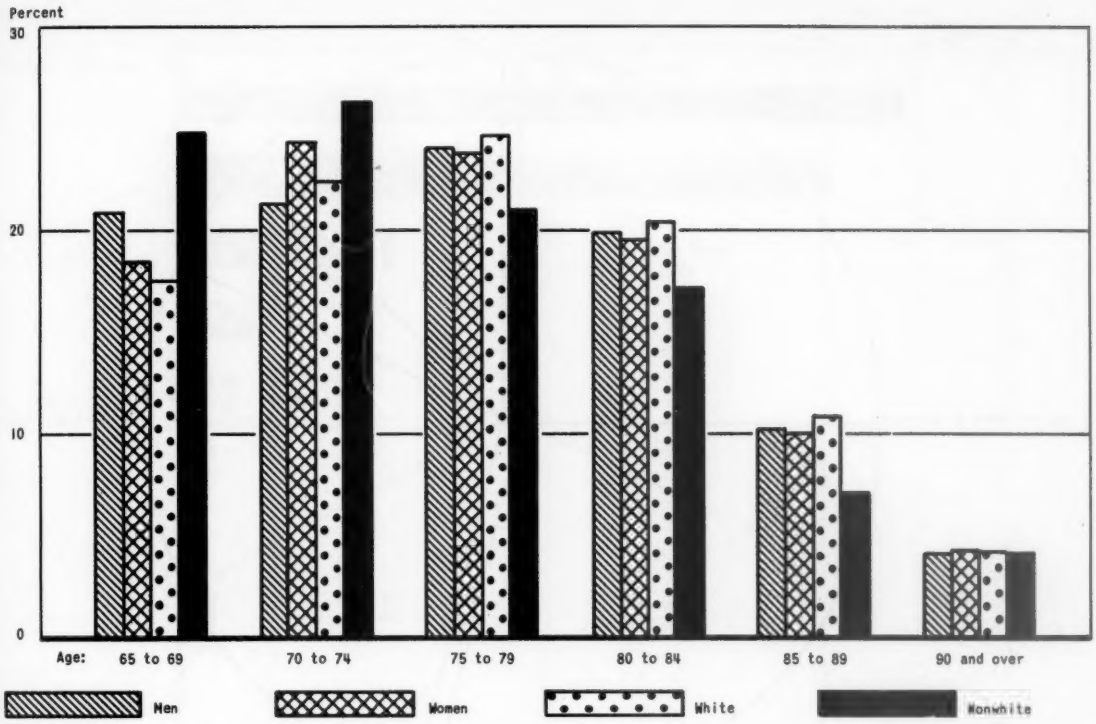
General demographic characteristics

In addition to giving a broad picture of the OAA recipient in 1965, the data from the caseworkers' reports produced information about the general demographic characteristics of recipients. These include age, place of residence, sex and race, marital status, and past or current employment.

Age.–The rise in the ages of OAA recipients follows the general trend in the U.S. population toward longer life. In 1944 the median age of OAA recipients was 74.1; in 1953, 74.8; in 1960, 76.4. However, as in the general population, the average age of OAA recipients has risen little since then: in 1965 it was 76.6.[3]

The general rule that a person's need for care goes up and his resources go down with age and such conditions may lead to need for public assistance is demonstrated by the rise in the OAA recipient rate. Recipient rates per 1,000 persons rose steadily with age for all recip-

Figure 1. Percentage distribution by age group of OAA recipients, by sex and color, 1965



ients. The rate for recipients in the age group 85 and over was more than four times that of the youngest age group. The median age for men (76.6 years) and women (76.5 years) was about the same. However, the recipient rate for women exceeded that of men considerably at each age:

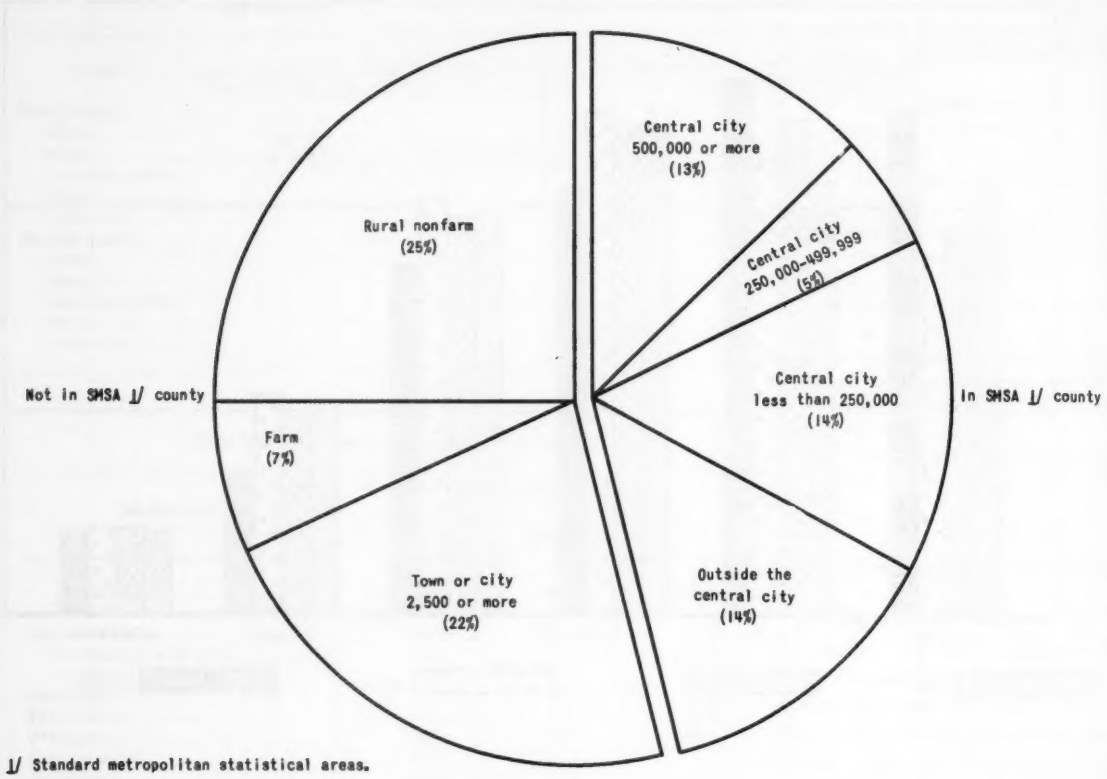
Age of recipients	Percent of total number of recipients	Rate per 1,000 persons 65 and over		
		Total	Men	Women
Total	100.0	117	83	140
65-69	19.2	64	48	77
70-74	23.4	95	62	119
75-79	23.8	140	103	164
80-84	19.6	208	160	237
85 and over	14.1	278	225	305

White recipients (median age, 77.0 years) were slightly older than nonwhite (median age, 74.8 years). Presumably because of their weaker economic position, the rate of nonwhite recipients exceeded that of white and ranged from 248 per 1,000 persons in the total nonwhite population 65-69 years of age to 558 per 1,000 persons for those 85 years old and over. The rate for white recipients ranged from 48 per 1,000 white persons 65-69 years old to 245 per 1,000 persons for those 85 and over (figure 1).

Place of residence.—More than half the persons receiving OAA in 1965 lived outside SMSA counties, probably because elderly persons living in cities were more likely than those living in rural areas to have pension protection through OASDI and other programs. Most recipients in metropolitan areas lived in central cities; those in nonmetropolitan areas were likely to live in rural nonfarm areas (figure 2).

Of every 1,000 persons 65 years of age and over in nonmetropolitan areas, 158 were OAA recipients; but only 89 of every 1,000 persons 65 years of age and over living in metropolitan areas were OAA recipients. In central cities the recipient rate was 111 per 1,000; outside the central city but within the metropolitan area, only 62 per 1,000. In the nonmetropolitan areas, the recipient rate was highest (162 per 1,000) in rural nonfarm areas and lowest (138 per 1,000) in rural farm areas.

Figure 2. Percentage distribution of OAA recipients, by place of residence, 1965



1/ Standard metropolitan statistical areas.

Sex and race.—Over two-thirds of the OAA recipients in 1965 were women; about three-fourths of all recipients were white. Among the nonwhite recipients, most were Negroes (table 1). As might be expected from the relative economic standing of the races, the recipient rate of nonwhite persons exceeded that of white persons: of every 1,000 nonwhite persons in the population 65 years of age or older, 345 were OAA recipients; of every 1,000 white persons of this age, only 95 were recipients.

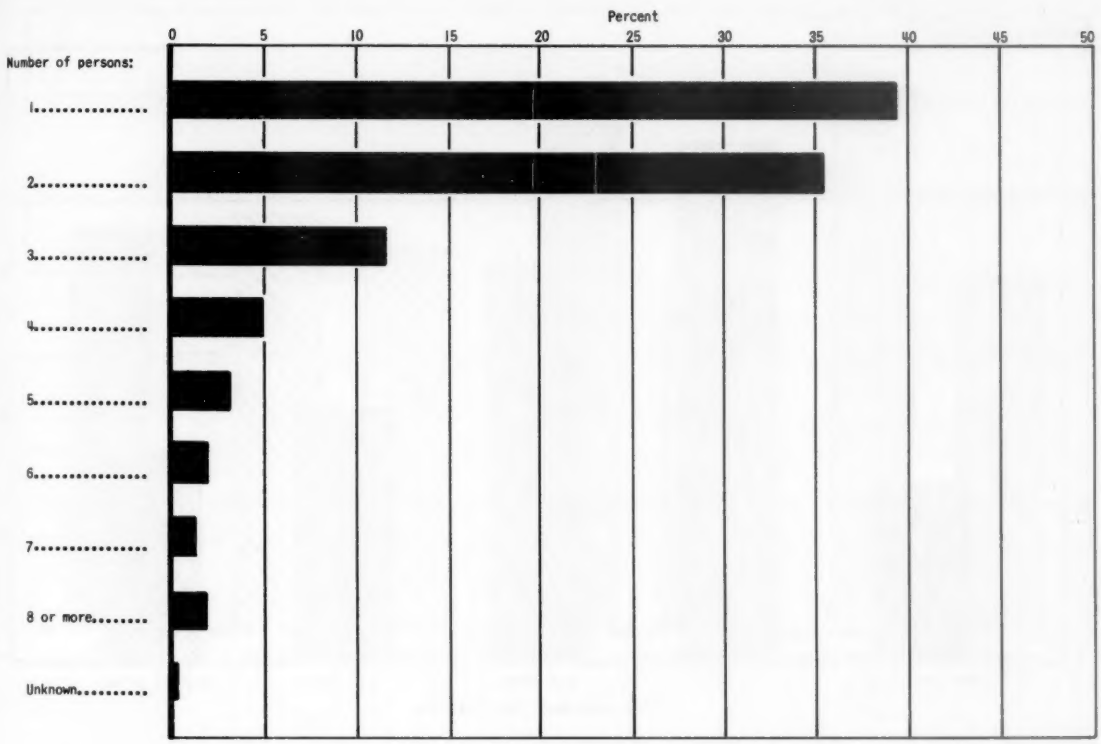
Because of their greater longevity and less likelihood of having earned social security benefits and other pensions (see section on current or past employment), more women then men needed assistance, regardless of race. About 140 of every 1,000 women 65 years of age and over in the general population were OAA recipients but only 83 of every 1,000 men of this age.

Marital status.—More than half of all OAA recipients were widowed. Over one-fourth were married (almost all lived with their husbands or wives); about 11 percent were either separated or divorced; the others had never married.

The effect of greater longevity among women on marital status is apparent from the data: more than half the men were husbands (living with their wives or separated), but only a fifth of the women were wives (living with their husbands or separated). About two-thirds of the women were widows. Marital estrangement was higher among men than women, and more men than women had never married.

Current or past employment.—Only 2.7 percent of all OAA recipients were working for pay, and only 0.4 percent were employed full

Figure 3. OAA recipients in households, by number of persons in the household, 1965



time. Over three-fifths had previously been employed, and about three-tenths had never been employed. Present and past employment was much higher for men than for women; over two-fifths of the women but only 4 percent of the men had never had paid employment. Of the recipients previously employed, almost half had been out of employment for 10 years or more (table 3).

Living arrangements and housing

Among the specific data obtained by the survey are figures and facts about the living arrangements and housing of the OAA recipients. These included information about tenure of housing unit.

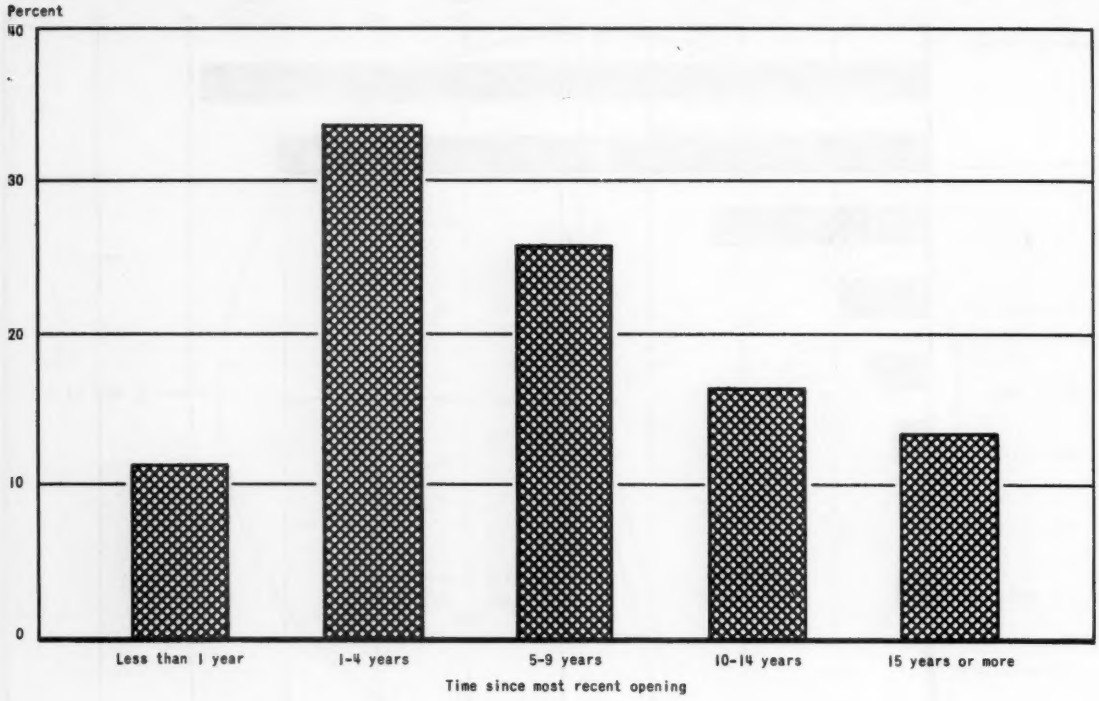
Previous and current living arrangements.—At the time of the study, most recipients, regardless of sex or color, were living in their own homes (table 4). This was more frequently true of men than of women and of nonwhite than white recipients. However, a larger proportion of women than men and slightly more white than nonwhite recipients living in their own homes lived alone. The men were more likely to be living in their own homes with their wives than to be living alone. This was probably true because men tend to marry women younger than themselves and women tend to live longer than men.

Recipients not living in their own homes usually lived in their children's homes, particularly women. About the same proportion of white and nonwhite recipients lived with their children.

About 9 percent of the recipients lived in institutions, mostly in nursing or convalescent homes. This proportion would have been considerably higher except for this reason: between 1960 and 1965 many needy elderly persons were institutionalized under the program of Medical Assistance for the Aged (MAA) rather than under OAA. About the same proportion of men and women lived in institutions, but proportionately three times as many white recipients as nonwhite recipients lived in institutions.

In the year before the study was conducted, 18 percent of all OAA recipients had changed residence, a

Figure 4. Length of time since most recent opening of OAA case, 1965



proportion almost twice as high as that of the total U.S. population 65 years of age and over (9.7 percent).[4] Of those recipients who had changed residence, 78 percent had moved from one private residence to another; 12 percent had moved from a private residence to an institution (usually a nursing or convalescent home); 5 percent had moved from one institution to another; and 2 percent had moved from an institution to a private residence. The remaining 2 percent had moved to group quarters other than institutions.

Tenure of housing unit.—Nearly half (48 percent) of all OAA recipients in households lived in housing units they (34.3 percent) or someone else in the unit (13.7 percent) owned or were buying. (A housing unit is defined as a single room or group of rooms occupied or intended for occupancy as separate living quarters.) Almost as many recipients (43 percent) were renting: 4.1 percent, public housing; 38.9 percent, private. For 6.3 percent of the recipients in households, the housing unit was rent-free; the tenure was unknown for 2.7 percent.

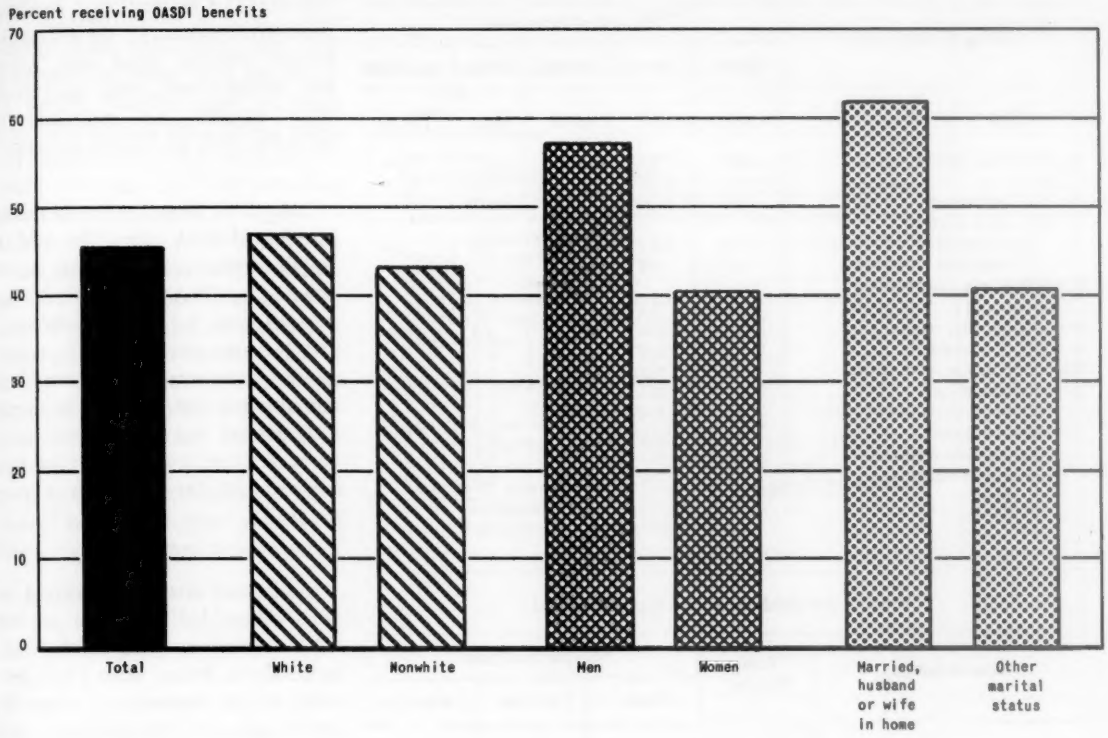
Family and household

The data produced information about the household and children of the OAA recipients. These concerned living and economic arrangements.

About 42 percent of OAA recipients in households were either living alone or living only with persons in the assistance unit. Fully 33 percent lived with one other person not in the assistance unit; 11 percent, with two other persons; 5 percent, with three other persons; and 8 percent, with four or more other persons.

Household and size of OAA assistance unit.—Nearly all (95.8 percent) of OAA recipients were the only person in the assistance unit. The remaining 4.2 percent were in assistance units including an essential person (that is, a person, usually a husband or wife, living with and essential to the well-being of the recipient, whose needs are included in the recipient's assistance payment but who cannot be counted as a

Figure 5. OASDI benefit status of OAA recipients by color, sex, and marital status, 1965



recipient, usually because he is under 65 years of age).

Among the 1.9 million recipients living in households, the majority (86.5 percent) lived in households of not more than three persons. Almost four-tenths lived alone; over a third lived with just one other person; and over a tenth lived with two other persons. The average (median) OAA household had 2.3 persons (figure 3).

Children.–In 1965 about three-fourths of all OAA recipients had one or more living children; a fourth had no living children; and another fourth had five or more (table 5). Only a few (2 percent) had dependent children: of them 64 percent had one; 16 percent, two; and 20 percent, three or more. About 12 percent had one or more children contributing to their support: among them 85 percent had one; 8 percent, two; and 6 percent, three or more. Only 6.3 percent of all recipients were living in the same house with one or more children contributing regularly to their support. Of them 98 percent lived with one child and 2 percent lived with two.

Need for care and services received

The caseworkers' reports on the OAA recipients provided information about the mobility of the recipient in 1965, his need for care, and the public welfare and other services available to him. They also provided information about the assistance status of the recipient's spouse.

Mobility and care from others.–Of the OAA recipients in 1965, relatively few (16.6 percent) were confined to their homes because of physical or mental conditions (table 6). Less than half of those confined were confined to a bed or wheelchair. More than four-fifths were not confined to their homes, including about one in ten who needed the help of another person to get around outside the home. Physical and mental conditions varied little by sex or race.

Social and protective services.–In the 90 days immediately preceding the survey, only 15.5 percent of all OAA recipients had received one or more social services (table 7). Of the services received, most were related

Table 4. Living arrangements of OAA recipients, by sex and color, 1965

Living arrangements	Percent of recipients				
	Total	Men	Women	White	Nonwhite
Total	100.0	100.0	100.0	100.0	100.0
In own home (total)	68.7	73.2	66.6	67.3	72.9
Alone	35.2	25.6	39.5	35.8	33.0
With husband or wife only	18.8	33.0	12.3	19.8	16.5
With other persons:					
Husband or wife present	4.8	10.1	2.4	4.0	7.1
Husband or wife absent	9.8	4.5	12.3	7.7	16.2
In home of son, daughter, or parent	13.5	7.2	16.4	13.4	13.5
In home of other relative	4.3	3.6	4.6	3.8	5.8
In home of nonrelative	3.0	3.9	2.5	2.7	3.9
Elsewhere, not in institution	1.9	3.5	1.2	2.2	1.0
In institution (total)	8.7	8.6	8.7	10.6	2.9
Nursing or convalescent home	6.6	6.4	6.7	8.1	2.1
General hospital	0.1	0.1	0.1	0.1	0.0
Other medical institution	0.1	0.1	0.1	0.1	0.1
Nonmedical institution	1.9	2.0	1.9	2.3	0.8

Table 5. The children of OAA recipients, 1965

Status of children	Total Percent	Number of children		
		None	1 or more	Unknown
Living children	100.0	24.9	74.1	1.0
Dependent on recipient	100.0	97.7	2.0	0.3
Contributing to recipient's support	100.0	88.0	11.8	0.2
Living in household with recipient and contributing regularly to his support	100.0	93.4	6.3	0.2

Table 6. Mobility and need for care of OAA recipients, by sex and color, 1965

Mobility and need for care	Percent of recipients				
	Total	Men	Women	White	Nonwhite
Total	100.0	100.0	100.0	100.0	100.0
Confined to home (total)	16.6	15.1	17.4	17.6	13.2
Bedfast	3.1	2.7	3.3	3.4	1.9
Confined to chair or wheelchair	4.4	3.6	4.8	5.0	2.8
Not bedfast or confined to chair or wheelchair	9.1	8.8	9.3	9.2	8.4
Not confined to home (total)	81.8	83.5	81.0	81.0	84.8
Needed help from another	10.6	8.6	11.5	10.8	9.3
Did not need help	71.2	74.9	69.5	70.2	75.5
Unknown whether confined to home	1.6	1.4	1.7	1.4	2.0

to health care. Relatively few recipients (11.8 percent) were receiving protective services. Of the protective services received, most were "informal arrangements with individuals who assisted the recipients in managing their assistance payments."

Length of time since most recent opening of OAA case.—The median length of time since the most recent opening for OAA was 6.0 years. The survey found that the program has a very low turnover rate: 55.2 percent of the recipients had received aid continuously for 5 years or more; 69.3 percent had received aid for 3 years or more; only 11.2 percent had received aid for less than a year (figure 4).

Assistance status of husband or wife.—About half a million married OAA recipients lived with their husbands or wives. Most (70.7 percent) of the husbands or wives received separate OAA payments, and only a few (12.3 percent) were essential persons who were included in the recipient's OAA payment. About 4 percent of the husbands or wives received assistance under other Federal programs (medical assistance to the aged, aid to the blind, aid to the permanently and totally disabled, or aid to families with dependent children); 0.6 percent received general assistance only. In 11.9 percent of the cases, the husband or wife received no public assistance.

OASDI and other benefits or pensions.—In 1965 almost half (46.1 percent) of all OAA recipients were also receiving OASDI benefits. Very few (4 percent) were receiving benefits or pensions from other sources.

The oldest recipients were less likely than the youngest to receive OASDI benefits. The proportion receiving OASDI benefits ranged

from 61.1 percent for recipients 65-69 years of age to 21.9 percent for recipients 85 or over. Two reasons stand out in explaining why the older recipients were less likely to receive OASDI: some of them may have already been retired when the Social Security Act was passed in 1935; others may not have worked at jobs covered by the Act.

Slightly more white than nonwhite recipients were OASDI beneficiaries. That proportionately more nonwhite than white recipients had been employed in farming and in domestic service probably accounts for most of the differences (OASDI did not cover persons employed in those fields until 1950).

Largely because a higher proportion of women had never been in the labor force, a higher proportion of

Table 7. Social and protective services of OAA recipients, 1965

Services	Recipients (percent)
Social services received in the 90 days before survey	
Total	100.0
No services	84.5
One or more services	15.5
Health care	9.3
Improved financial functioning	2.6
Maintaining family life and improving family functioning	1.1
Maintaining or improving social relationships and participation in community life	0.6
Maintaining home	2.5
Protective services	2.4
Returning recipients to home or community from institutions	0.3
Self-care services	1.7
Other services	2.4
Protective services at time of survey	
Total	100.0
With protective services (total)	11.8
A court appointed guardian, conservator, or legal representative	1.3
A person acting for recipient under power of attorney	0.1
An informal arrangement with a person who assists the recipient in managing assistance payments	10.4
Without specified protective services	85.4
Unknown	2.9

The OAA Recipient in 1968

IN JUNE 1968 a little more than 2 million Americans received some or all of their income through the Federal old-age assistance (OAA) program. They made up a tenth of all people in the Nation 65 years of age and over.[1]

The number and proportion of elderly persons receiving maintenance payments under OAA have been dropping since 1950. From an all-time peak of 2,810,000 in September 1950, the caseload dropped to 2,535,000 in June 1955; to 2,331,000 in June 1960; to 2,111,000 in June 1965; to 2,065,000 in June 1967; and to 2,019,000 in June 1968. Yet, during the same period, the total number of elderly persons in the United States grew rapidly. In June 1950 there were 12,335,000 persons 65 years of age or older in the United States; in 1968, there were 19,288,000.[2]

Thus, the recipient rate—the proportion of elderly persons receiving OAA in the total population of elderly persons—dropped fast. In June 1950, 225 of every 1,000 persons in the Nation 65 years of age or over were OAA recipients. By June 1955 the rate had dropped to 172 per 1,000; by June 1960, to 139 per 1,000; by June 1965, to 115 per 1,000; by June 1967, to 109 per 1,000; and by June 1968, to 105 per 1,000. In 18 years the number of OAA recipients dropped from more than one in every five elderly persons to about one in ten.

Probably the major reason for the steady drop in the number of OAA recipients has been the growth of the old-age and survivors' insurance program under Social Security, both in the amount of money payments and in the types of persons covered. Elderly beneficiaries of cash benefits under Social Security increased from 2,192,000 in September 1950 to 15,558,000 in February 1967, according to the most recent estimate from the Social Security Administration.

[1] Advance Release of Statistics on Public Assistance, *U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics, table 12, July 1968.*

[2] Trend Report, Graphic Presentation of Public Assistance and Related Data, *U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Assistance Payments Administration, 1966, p. 43. (Data for 1968 will be published in the next Trend Report, 1968.)*

men than women were receiving OASDI benefits. And, probably because most of the recipients who were not married or not living with their husbands or wives were women, married recipients living with husbands or wives were more likely to be OASDI beneficiaries (figure 5). Among the 4 percent of recipients receiving benefits or pensions other than OASDI, the highest proportion received veterans benefits.

A look to the future

THE DATA presented here, in addition to describing the characteristics of elderly Americans who needed and were receiving public assistance in 1965, also point toward aspects of the program apparently needing improvement. One aspect in particular is social services. Although over a fourth of the OAA recipients were either confined to the home or needed help to get around outside and over a third lived alone, very few had received social services in the 90 days preceding the survey. These findings by themselves seem to indicate that more social services for recipients are both necessary and desirable.

The number of recipients who received income from OASDI increased from 30 percent in 1960 to almost 50 percent in 1965. This finding, in addition to the drop in the OAA recipient rate between 1950 and 1968 (see box, page 19), seems to point to a time in which few Americans 65 years and older will have to depend on public assistance as their sole means of support.

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[1] *For additional information,* see Findings of the 1965 Survey of Old-Age Assistance Recipients: Data by State and Census Division: Part I. Demographic and Program Characteristics, *U.S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services, Division of Research, Washington, D.C., May 1967.*

[2] *An SMSA county is one which is part of a standard metropolitan statistical area that either contains one or more central cities or is economically and socially related to a central city and either adjoins the county containing the central city or adjoins an intermediate county integrated with the central county.*

[3] *Computed from U.S. Department of Commerce, Bureau of the Census,* 1960 Census of Population: Advance Population Characteristics, *Series PC (A2)-1, p. 4; and* Current Population Reports: Population Estimates, *Series P-25, No. 321, pp. 23-24.*

[4] *U.S. Department of Commerce, Bureau of the Census,* Current Population Reports: Population Characteristics, *Series P-20, No. 150, p. 18.*

OAA Recipients in 1965

Data From Recipients' Mail Reports

David B. Eppley

Recipients of old-age assistance (OAA) in 1965, by completing a questionnaire mailed to them as part of a nationwide survey of OAA recipients, are the source of the data this article presents. Conducted by the (then) Bureau of Family Services, Welfare Administration, U.S. Department of Health, Education, and Welfare, the survey obtained information about OAA recipients from caseworkers' reports (the subject of the preceding article) and from a questionnaire mailed to the same OAA recipients but limited to those living in the 48 conterminous States and the District of Columbia.[1] Among the facts obtained from the questionnaire are data about mobility, education, occupation, and housing. Data on these variables are the subject matter of this article. The study universe consisted of recipients of money payments and of long-term institutional care. Recipients who received only vendor medical care (other than long-term institutional care) were excluded.

Universe estimates from the State samples indicate that, of the 2,119,000 persons receiving OAA payments during the study month, 2,071,000 were represented in the mail survey. Completed questionnaires were received from sample OAA recipients representing 1,961,000 recipients, for a response rate of 94.7 percent. Of the recipients who were mailed questionnaires but did not return them completed, about one in five (18.6 percent) had died and one in 14 (7.3 percent) were unable to communicate—that is, for physical or mental reasons were unable to answer the questionnaire or otherwise make known the answers to another person. This type of nonreporting ranged from 1.5 percent on some items to 17.2 percent on others.

The 1965 OAA study mail questionnaire, containing items of information not readily available from the case record and sent directly to the OAA recipient, represented a major innovation in studies of characteristics of public assistance recipients. This direct method of obtaining information from recipients has since been used successfully in the 1967 AFDC study (and is being used again in 1969 to study the employability of AFDC mothers).

The following data present a profile of the OAA recipient in 1965 as reflected in the questionnaires:

- Almost half had never lived, or had lived less than a year, outside the State in which they were born and were residing at the time of the survey.
- Less than 5 percent had moved into the State of current residence after 1954.
- Less than 5 percent were living outside the United States before they moved into the State of current residence.
- Fully 85 percent had never gone beyond grade school.
- One-third had never held paying jobs (however, those who had never worked were mostly women).
- Almost one in three had no running water or had cold water only inside the house or building in which they lived.
- Four of every 10 lived in houses or buildings in which some rooms were not heated in winter.
- One in seven had seen a rat or mouse inside the house or building in which they lived during the week before the survey.
- One in five lived in a house or building with a leaky roof.
- One in 10 lived in a house or building with holes as big as a person's hand in the plaster walls or ceilings.
- Almost one in three lived in a house or building needing major repairs besides roofing and plastering.

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Differences by sex

The men in the survey were more geographically mobile than the women (table 1). Proportionately more of them had lived outside the State of current residence, and more had been born outside the United States. The men who had moved from State to State or from country to country were also more likely than the women to have moved into the State of current residence at an earlier time than the women.

Proportionately more men than women had held paying jobs at some time, regardless of the recipient's race or region in which he lived (table 2). The proportion of women reporting they had never worked was seven times as great as the proportion of men reporting no work experience. The men who had worked had generally been farm and blue-collar workers. The women had most frequently worked in service jobs, especially in private households.

More than one in ten OAA recipients reported that they had never gone to school; in addition, more than a quarter of the total number of respondents indicated they had less than 5 years of elementary school. Thus, we can assume that almost four in ten recipients were, at best, "functionally illiterate." Almost half of the men, but less than a third of the women, were "illiterate" or "functionally illiterate."

Table 1. Selected characteristics of OAA recipients, by sex, 1965
(Does not include recipients for whom data not reported)

Item	Men	Women
Percent born in		
State of current residence	54.1	54.9
Other than State of current residence, total	45.8	45.1
United States (State or territory)	34.0	36.6
Outside United States	11.8	8.5
Percent who had		
Not lived outside State[1]	47.6	49.3
Lived outside State[1], total	52.4	50.7
United States (State or territory)	47.3	46.7
Outside United States	5.1	4.0
Percent last moving into current State		
After 1954	4.4	4.4
Before 1955	47.9	45.7
Never lived outside State	47.7	49.9
Percent never holding paying job	6.4	44.2
Percent with usual occupation in		
White-collar jobs	8.4	17.3
Blue-collar jobs	39.4	17.9
Service jobs	6.8	47.4
Farm jobs	45.5	17.4
Recipients assumed to be "illiterate" or "functionally illiterate," total percent	46.4	32.4
Reporting no formal schooling	13.8	9.2
Completed 1-4 years of school	32.6	23.2

[1] For at least one year.

Differences by region and color

Of the four regions[2] into which table 2 divides the United States, Southern OAA recipients were in the least desirable circumstances, whether they were white or nonwhite. They reported the least geographical mobility; the highest proportion of "illiteracy" and "functional illiteracy"; and, generally, the lowest proportion of people who had worked at some time in a paying job. (Southern nonwhite women, however, had the second highest proportion of recipients who had worked at some time in a paying job among the four regions.) Whether white or nonwhite, Southern OAA recipients also reported the lowest proportion of white-collar workers and the highest proportion of farm workers; the most inadequate plumbing and heating facilities (heating facilities are not rigorously comparable by region because of climatic differences); and the most housing defects.

Regardless of region, relatively more nonwhite recipients than white recipients were "illiterate" or "functionally illiterate." Also, nonwhite recipients, regardless of region, were more likely than white recipients to have worked at paying jobs at some time. But the nonwhite recipients had generally worked at the more menial and lower paying service and farm jobs.

Nonwhite recipients were more likely than white recipients to live in defective housing, regardless of region. However the relation between the color of the recipient and the adequacy of plumbing and heating facilities varied by region. Southern and Western nonwhite recipients generally had poorer plumbing and heating facilities than white recipients in the same regions. With some exceptions, nonwhite recipients in the Northeastern and North Central regions fared better than

Table 2. Selected characteristics of OAA recipients, by color and region, 1965
(Does not include recipients for whom data not reported)

Item	White recipients				Nonwhite recipients			
	Region				Region			
	Northeast	North Central	South	West	Northeast	North Central	South	West
Percent born in								
State of current residence	49.3	59.5	68.0	13.2	11.8	14.2	80.7	14.1
Percent never living outside State of current residence[1]	49.9	52.0	59.2	11.9	12.8	13.5	75.1	14.3
Percent illiterate or functionally illiterate	26.5	23.7	39.4	21.0	44.7	45.1	62.0	47.8
Percent never holding paying job	24.3	36.6	45.4	24.1	12.0	20.7	19.0	19.9
Male	3.0	5.8	8.9	1.3	3.0	5.7	12.2	7.6
Female	32.5	50.8	62.5	35.4	15.4	26.1	23.6	27.1
Percent with usual occupation in								
White-collar jobs	13.6	10.8	6.7	19.6	4.5	3.3	1.5	2.3
Blue-collar jobs	34.6	18.5	15.7	21.8	23.1	21.4	12.5	17.9
Service jobs	23.3	18.7	15.5	22.1	50.6	40.4	28.6	36.4
Farm jobs	4.2	15.4	17.2	12.7	10.2	16.2	38.4	23.5
Percent with plumbing and heating[2]								
No inside running water	1.7	8.7	17.4	2.6	2.0	5.0	38.8	9.8
Cold water only	11.7	14.3	17.5	4.8	8.9	14.4	24.8	4.7
No bathtub or shower	12.2	28.5	31.3	7.6	7.4	19.5	57.7	12.6
No bathroom with flush toilet	7.7	21.7	27.8	6.3	5.4	11.9	48.5	11.9
Not every room heated in winter	23.5	27.4	58.2	29.7	20.1	28.0	58.9	38.2
Percent with housing defects[2]								
Rat or mouse seen	3.7	7.1	15.6	4.0	14.6	11.4	37.3	11.4
Leaky roof	4.5	13.0	22.9	9.3	5.2	11.9	38.6	10.2
Holes in plaster wall or ceiling	4.9	7.3	9.2	2.9	9.0	11.0	24.0	5.9
Other repairs needed	11.1	23.5	35.0	18.5	19.5	24.2	47.3	21.6

[1] For at least 1 year. [2] Categories not mutually exclusive.

white recipients for housing and plumbing.

Population comparisons

In 1965 OAA recipients had less education than the general U.S. population 65 years of age and older (table 3). In addition, they were much more likely than other elderly Americans to have been farm workers and not to have been white-collar workers (table 4). (The definition of "current occupation of employed workers" differs, of course, from that of "usual occupation." This difference may account for part of the disparity between OAA recipients and other elderly Americans with regard to occupational level.)

Judging from their place of birth relative to the State in which they were residing, OAA recipients were less mobile than the general U.S. population 65 years old and over. The OAA recipients were also much less likely than other elderly Americans to have been born in a foreign country (table 5).

The plumbing facilities available to OAA recipients in 1965 were farther from adequacy than those available to other persons in the United States (table 6). Data on plumbing facilities available to OAA recipients are not rigorously comparable with data on the general public, which, of course, contains persons of all ages. Data on plumbing facilities available in housing units headed by persons 65 or over, compared with all housing units, indicate that elderly persons generally have inferior plumbing facilities available to them. But the differences between the facilities available in housing units headed by elderly persons and those available to the total population are small. At the same time, the differences between the facilities available to all elderly persons and OAA recipients are quite large.[3] For these reasons a comparison is justified.

Forty percent of the OAA recipients reported that they lived in houses or buildings with one or more defects—leaky roofs, holes in walls or ceiling, and rats or mice—and as needing major repairs (besides plastering and roofing). Data on heads of households 65 years of age and over

in the United States living in "deteriorating or dilapidated" housing, though not strictly comparable, suggest that OAA recipients may live in defective housing to a far greater extent than other elderly Americans.[4]

Significance of the findings

The level of education of the OAA recipients who reported on themselves in the 1965 study is an important variable, relating not only to the other three variables—mobility, occupation, and housing—but also to such aspects as earnings, motivation, attitude, aspiration, and opportunities. As the average man receiving OAA was barely above functional illiteracy and the average woman on OAA only slightly more educated than the average man, the OAA recipient had typically entered adulthood severely handicapped for self-support.

The recipients' reports on work experience also indicate that those who had worked had often been employed in the most menial jobs (and, undoubtedly, at the lowest wages). The low occupational level of OAA recipients has a great deal of economic, social, and psychological significance in an industrial society like that of the United States. In our society a person's occupation largely shapes his social and personal life and his identity.

The low educational attainment and low occupational level of most OAA recipients are, of course, related phenomena. White-collar workers, for example, usually have appreciably more schooling than blue-collar workers, farmers and farm managers, and service workers.[5] Laborers in the general population usually have the least schooling.

The data indicate that many elderly Americans receiving OAA

Table 3. Educational attainment of OAA recipients and of all persons 65 years of age and over in the United States, by sex, 1965

(Does not include persons for whom data not reported)

School grade completed	OAA recipients		U.S. population 65 and over[1]	
	Men	Women	Men	Women
None	13.8	9.2	6.6	5.6
Elementary				
1-4 years	32.6	23.2	13.5	10.6
5-7 years	25.2	28.2	20.5	18.4
8 years	17.7	22.6	27.3	26.9
High school				
1-3 years	6.3	10.0	10.3	13.8
4 years	2.5	4.1	11.3	14.3
College				
1-3 years			4.9	5.8
4 years	1.8	2.7	3.2	3.5
5 years or more			2.4	1.1
Median number of years	5.4	6.9	8.3	8.6

[1] Based on *Current Population Reports, Population Characteristics,* Series P-20, No. 158, table 4, December 1966, U.S. Department of Commerce, Bureau of the Census.

Table 4. Major occupation group of OAA recipients and of all employed persons 65 years of age and over in the United States, by sex, 1965

(Does not include persons for whom data not reported)

Major occupation group	OAA recipients		Employed U.S. population 65 and over[1]	
	Men	Women	Men	Women
White-collar workers, total	8.4	17.3	42.9	47.1
Professional, technical, and kindred workers	(4.7	(7.4	9.9	14.0
Managers, officials, and proprietors	(	(	18.9	10.0
Clerical and kindred workers	(3.7	(9.9	6.5	14.1
Sales workers	(	(	7.6	9.0
Blue-collar workers, total	39.4	17.9	25.2	11.3
Craftsmen, foremen, and kindred workers	11.6	1.8	12.1	1.0
Operatives and kindred workers	10.9	10.5	7.8	9.9
Laborers	16.9	5.6	5.3	0.4
Service workers, total	6.8	47.4	11.0	35.5
Private household workers	0.6	27.9	0.3	19.0
Other service workers	6.2	19.5	10.7	16.5
Farm workers, total	45.5	17.4	20.6	6.0
Farmers and farm managers	28.4	6.9	17.2	3.3
Farm laborers and foremen	17.1	10.5	3.4	2.7

[1] Based on *Useful Facts No. 5,* table 7, November 1966, U.S. Department of Health, Education, and Welfare, Administration on Aging. U.S. data are on current occupations; OAA data are on usual occupations.

Table 5. Place of birth of OAA recipients, 1965, and of all persons 65 years of age and over in the United States, 1960

(Does not include persons for whom data not reported)

Place of birth	OAA recipients	U.S. population 65 and over[1]
Percent born in		
State of current residence	54.7	49.7
Other than State of current residence	45.4	50.3
United States (State or territory)	35.8	29.8
Outside United States	9.6	20.5

[1] Source: Based on *U.S. Census of Population, 1960,* "State of Birth" U.S. Department of Commerce, Bureau of the Census, P C (2) 2A, table 15.

payments in 1965 were living in substandard housing lacking adequate plumbing and heating and, often, having other major defects. The interrelation of these data is evident: poor housing is undoubtedly related to inadequate income and assets. Low educational attainment leads to low-paying jobs, irregular jobs, or no jobs. Poor jobs and unemployment lessen a person's chance of receiving adequate benefits under the old-age, survivors, disability, and health insurance (OASDHI) program or other programs and of accumulating savings and other assets required to provide adequate housing in the later years of life.

The problems and issues made evident by the reports of the OAA recipients are among those identified by Wilbur J. Cohen, former Secretary of Health, Education, and Welfare, in an address given in June 1968.[6] In listing some of the major domestic problems facing the United States in general and his department in particular, Mr. Cohen emphasized the need for providing jobs for disadvantaged persons, education and training, and adequate income for workers and nonworkers alike. He also pointed out the need to improve the environment in which many Americans must live and work—the need to eliminate our "jungles of broken-down tenements."

In a report to the House Committee on Ways and Means and the Senate Committee on Finance, made in January 1969, Mr. Cohen called attention to "the appalling housing conditions" of welfare recipients and said that "dilapidated housing—with inadequate heating, substandard plumbing, rats and vermin—is a fact of life for many Americans."[7] The report makes a number of recommendations concerning how to overcome the major deficiencies in housing of welfare recipients.

Although the limited education of OAA recipients, compounded by their inadequate job skill and work experience and by their advanced age, severely closes off opportunities for employment and other avenues to a rewarding life, some important strides toward providing the elderly with more opportunities for employment are currently being made through the combined efforts of several Federal agencies. For example, the Foster Grandparent program, operated by the Office of Economic Opportunity and the Administration on Aging (Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare) recruits, trains, and employs low-income persons over age 60 for work in various kinds of institutions, hospitals, schools, and private homes with neglected, deprived, and mentally retarded children.[8] If these efforts prove effective, such programs will benefit the lives of poor elderly persons. Perhaps their greatest promise, however, lies in the possibilities such programs raise for the prevention or reduction of some of the problems identified by the OAA recipients in their responses to the 1965 mail questionnaire.

Table 6. Plumbing facilities available to OAA recipients, 1965, and to the general U.S. population, 1960

(Does not include persons for whom data not reported)

Item	OAA recipients	U.S. population[1]
Plumbing facilities		
No inside running water	16.2	7.1
Cold water only	15.1	5.7
No bathtub or shower	28.7	11.9
No flush toilet	23.9	10.3

[1] Source: *U.S. Census of Housing, 1960,* "States and Small Areas," HC (1) No. 1, U.S. Summary, Table 9.

[1] *For a reproduction of the mail questionnaire, sampling data on the survey, and information on mail questionnaire response rates,* see Findings of the 1965 Survey of Old-Age Assistance Recipients: Data by State and Census Division. Part II: Data Obtained by Mail Questionnaire, *U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Sept. 1967.*

[2] *The four regions are the standard Census regions: Northeast (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania); North Central (Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas); South (Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas); and West (Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, and California).*

[3] *Based on 1960 Census of Housing, 81.8 percent of all housing units in the United States and 78.2 percent of the housing units headed by persons 65 years of age or over had adequate plumbing facilities. Cf.* U.S. Census of Housing, *1960, vol. VII, table A-5, p. 10, and* U.S. Census of Housing, *1960 HC (1), No. 1, table 3, pp. 1-4.*

[4] *Based on 1960 Census of Housing, only 19.9 percent of heads of households 65 years of age and over in the United States lived in deteriorating or dilapidated housing units.* See U.S. Census of Housing, *1960, vol. VII, table A-5, p. 10.*

[5] *Cf.* Statistical Bulletin, *Metropolitan Life Insurance Co., vol. 46, June 1965.*

[6] *Wilbur J. Cohen, "Where Do We Go From Here?" paper presented to the HEW Forum, Washington, D.C., June 13, 1968.*

[7] _____, The Role of Public Welfare in Housing: A Report to the House Committee on Ways and Means and the Senate Committee on Finance, *U.S. Department of Health, Education, and Welfare, January 1969, p. 1.*

[8] *Cf.* A Time of Progress for Older Americans, 1965-1966-1967: Report of the President's Council on Aging, *AOA Publication No. 137, p. 29, U.S. Department of Health, Education, and Welfare, Administration on Aging, Washington, D.C.*

Cooperative Research NOTES

AFDC Recipients and Eligibility Investigations

ELIGIBILITY INVESTIGATION as a requirement for public assistance has been subjected to severe criticism in recent years. The gist of much of the criticism is that investigation robs the needy person of all traces of dignity and self-respect and makes the agency's task of helping him more difficult.

The Cooperative Research project on which these Notes report studied the effects of eligibility investigations on recipients of aid to families with dependent children in New York City. The Notes are based on the project report, *Studies in Public Welfare: Effects of Eligibility Investigations on Welfare Clients,* by Harold Yahr and Richard Pomeroy (in collaboration with Lawrence Podell). Requests for additional information or copies of the report should be addressed to Dr. Podell at the Center for the Study of Urban Problems, Bernard M. Baruch College, City University of New York, 257 Park Avenue South, New York, N.Y. 10010.

The research was supported in part by grant 181, from the Cooperative Research and Demonstration Grants Program of the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

MOST of the recipients of public assistance included in a study recently conducted by a cooperative research project in New York City said they did not object to eligibility investigations for public assistance. When asked, "In general, how do you feel about having your eligibility checked? Would you say you dislike it very much, you dislike it somewhat, or you don't mind it at all?" 62 percent said they did not "mind it at all"; about 26 percent said they disliked it "somewhat"; and 12 percent said they disliked it "very much."

Conducted in the fall of 1966, the study included interviews with a sample of 1,551 women who, as heads of households, were receiving assistance under the aid to families with dependent children (AFDC) program. About 40 percent of the persons interviewed were Puerto Rican, 40 percent were Negro, and 20 percent were white.

Though in general recipients did not express strong resentment toward eligibility investigations as conducted in New York City at the time of the survey, the study did find substantial variations among respondents. Three-quarters of the Puerto Ricans said they did not "mind it at all," as compared with about 56 percent of the Negro and 43 percent of the white recipients. The table summarizes the recipients' responses to a series of specific questions concerning adverse reactions to eligibility investigation such as feelings of shame, mistrust, and being insulted. Most of these individual questions did not receive adverse responses from the majority of the recipients. However, the majority did respond adversely to one or more of the questions.

One purpose of the interviews was to obtain data concerning several assumptions made by social workers, government officials, and representatives of welfare groups about the effects of eligibility investigation on the attitudes of public assistance recipients. The report on the study (see introductory notes) points out that many critics of eligibility assume that the process makes recipients mistrustful of the public assistance agency and leads them to suspect the agency of mistrusting and being disrespectful toward them.

In analyzing the relationships between a composite index of recipient attitudes toward eligibility investigation and the recipients' attitudes toward caseworkers and the department of welfare, what they

knew about the availability of social services, and the kinds of social services they received, the study found that those clients who had an adverse reaction to eligibility investigations were also more likely to have adverse attitudes toward the welfare department. (Attitudes toward the department were determined on the basis of responses to such statements as these: "Most people in the Department of Welfare do not understand the problems of welfare clients"; "The Department of Welfare really cares about welfare clients and their problems.") For example, 43 percent of the recipients who had said they very much disliked eligibility investigations, but only 11 percent of those who had said they did not "mind at all," had the most adverse attitudes toward the department.

In regard to welfare services, adverse attitudes toward eligibility investigations were associated with less knowledge about and less adequate provision of some services, as well as an unwillingness to request certain services. However, these attitudes were not related to the frequency or duration of caseworker home visits.

The study also obtained data concerning how much information recipients had about social services available to them and what services they had received from the department of welfare in the previous year. Accurate knowledge of the services available from the department varied widely by type of service. For example, about 90 percent of the recipients knew that supplemental assistance grants were available for clothing or household items, but only about half knew that advice concerning problems with children was available and only a third knew that the department offered help with marital problems. Recipients of service showed a similar pattern: during the year, about eight out of ten had received supplemental assistance payments; only 21 percent had received advice about finding a job; 15 percent, advice on where to shop or how to manage money; and 12 percent, advice on family planning.

Editor's note: Other studies indicate that the recipient objects to an investigation not because it is humiliating but because it seems to delay his receiving money he needs immediately.

AFDC recipients' opinions of eligibility investigations, New York City, 1966

Questions	Percent answering "yes"		
	Puerto Rican	Negro	White
Does having your eligibility checked make you			
feel ashamed?	30	33	42
feel insulted?	20	33	27
feel the Department of Welfare has no respect for you?	22	32	28
feel the Department of Welfare doesn't trust you?"	39	44	41
wish you did not have to talk about your personal problems with the investigator?	41	63	57

Book NOTES

The Struggle for Social Security

The Struggle for Social Security, Roy Lubove, Harvard University Press, Cambridge, Mass. 02138, 1968, 276 pp., $5.95.

ROY LUBOVE'S scholarly work in social welfare history is impressive, both for quantity and quality. *The Struggle for Social Security* is his third book in the field. *The Progressives and the Slums* was published in 1967, *The Professional Altruist* in 1965, both by Harvard University Press. (For a review of the latter book, see *Welfare in Review*, December 1965, pp. 22-26). Another of his works deserving particular mention is the article, "The New York Association for Improving the Condition of the Poor: The Formative Years," published in the July 1959 *Quarterly Bulletin* of the New York Historical Society.

The *Struggle for Social Security* is required reading for all persons seeking to understand the character of welfare in the United States. It should prove particularly valuable to administrators, especially those in charge of staff development in public welfare agencies and social security offices, and to teachers in schools of social work.

After setting the stage with two compact chapters on the forces that influenced social reform in the United States, Lubove offers detailed expositions of the origin of workmen's and unemployment compensation, "mothers' " and "old-age"

pensions, and the pre-World War I movement for health insurance. Biographical sketches of persons for and against reform and good use of quotations enliven the narrative.

It is Lubove's thesis that "voluntarism"—that is, the preference for private benevolence or welfare capitalism over public assistance—served to delay the provision of comprehensive public assistance and social insurance programs until after the Great Depression. Although his argument does not explain every nuance in the struggle for social security, it is a convincing explanation of one major cause of the conflict that spanned the first 30 years of the Twentieth Century.

Like all of Lubove's works, *The Struggle for Social Security* is thoroughly documented. I commend it as a model of historical research and writing.

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Participation of the Poor

(Continued from page 10)

[34] *Harry Specht,* Urban Community Development: A Social Work Process, *Contra Costa Council of Community Services, Nov. 1966, pp. 27-28.*

[35] _____, Community Development in Low-Income Areas: Its Relevance to Problems of the Negro Community, *Contra Costa Council of Community Services, Feb. 1966, p. 43.*

[36] *Kramer.*

[37] *Lee Rainwater, "Neighborhood Action and Lower-class Life-styles" (discussion), in John B. Turner, ed.,* Neighborhood Organization for Community Action *(New York: The National Association of Social Workers, 1968), p. 41.*

[38] *As cited in Mathews, p. 60.*

[39] *Mathews, p. 7.*

[40] *Rainwater, p. 32.*

[41] *Robert Perlman and David Jones,* Neighborhood Service Centers, *Welfare Administration, Office of Juvenile Delinquency, U.S. Department of Health, Education, and Welfare, 1967, p. 54.*

[42] *Kirschner Associates, p. 46.*

[43] *Mathews, p. 56.*

[44] *Kirschner Associates, p. 46.*

[45] _____, *p. 21.*

[46] *For a discussion of this issue as reflected in the employment of neighborhood workers,* see *Charles F. Grosser, "Local Residents as Mediators Between Middle-Class Professional Workers and Lower-Class Clients,* Social Service Review, *Mar. 1966, pp. 56-63.*

[47] *Kramer; Dare.*

[48] *Sar A. Levitan, "Is This Poverty War 'Different'?"* The Use of Social Research in Federal Domestic Programs, Part II: the Adequacy and Usefulness of Federally Financed Research on Major National Social Problems. A Staff Study for the Research and Technical Programs Subcommittee of the Committee on Government Operations, U.S. Senate, *Apr. 1967, p. 283.*

[49] *Arthur B. Shostak, "Promoting Participation of the Poor: Philadelphia's Antipoverty Program,"* Social Work, *Jan. 1966, p. 68.*

[50] *Shostak, p. 69.*

[51] *Hallman, p. 908.*

[52] *French, p. 64.*

[53] *For an excellent review of the research literature,* see *A. Paul Hare,* Handbook of Small Group Research *(Glencoe: The Free Press, 1963). See also Harold B. Gerard and Norman Miller, "Group Dynamics," in Paul R. Farnsworth, Olga McNemar, and Quinn McNemar, eds.,* Annual Review of Psychology, *vol. 18, 1967, pp. 287-332.*

[54] See, *for example, F. L. Strodtbeck, Rita M. James, and C. Hawkins, "Social Status in Jury Deliberations,"* American Sociological Review, *June 1957, pp. 179-185; and H. Medow and A. Zander, "Aspirations for the Group Chosen by Central and Peripheral Members,* Journal of Personality and Social Psychology, *Mar. 1965, pp. 224-228.*

[55] See *J. Gyr, "Analysis of Committee Member Behavior in Four Cultures,"* Human Relations, *vol. 4, No. 2, 1951, pp. 193-202, and Irwin Katz, Judith Goldston, and L. Benjamin, "Behavior and Productivity in Bi-racial Work Groups,* Human Relations, *vol. 11, No. 2, 1958, pp. 123-141;* see also *T. M. Newcomb, "Stabilities Underlying Changes in Interpersonal Attraction,"* Journal of Abnormal and Social Psychology, *Apr. 1963, pp. 376-386; and P. F. Secord and C. W. Backman, "Interpersonal Congruency, Perceived Similarity, and Friendship,"* Sociometry, *June 1964, pp. 115-127.*

[56] *H. M. Lefcourt, and G. W. Ladwig, "The Effect of Reference Group Upon Negroes Task Persistence in a Biracial Competitive Game,"* Journal of Personality and Social Psychology, *June 1965, pp. 668-671.*

[57] *Irwin Katz, "Desegregation or Integration in Public Schools? The Policy Implications of Research," prepared for the National Conference on Equal Educational Opportunity in America's Cities, U.S. Commission on Civil Rights, Washington, D.C., Nov. 16-18, 1967, pp. 473-500.*

[58] *Lefcourt and Ladwig.*

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[60] *Hare, p. 48.*

[61] *Shostak, p. 68.*

[62] *Hare, p. 271.*

[63] *See for example, K. Lewin, "Frontiers in Group Dynamics: Channels of Group Life; Social Planning and Action Research,"* Human Relations. *vol. 1, No. 2, 1947, pp; 143-153; L. Coch and J.R.P. French, Jr., "Overcoming Resistance to* Change," Human Relations, *vol. 1, No. 4, 1948, pp. 512-532; and B. Willerman, "The Relation of Motivation and Skill to Active and Passive Participation in the Group,"* Journal of Applied Psychology, *Oct. 1953, pp. 387-390.*

[64] *Chilman.*

[65] *For a discussion of this general issue, see Edward J. O'Donnell, "The Professional Volunteer Versus the Volunteer Professional,"* Community Mental Health Journal *(forthcoming; scheduled for Apr.-June 1970).*

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[67] *Chilman.*

[68] *Dare, p. 1.*

[69] *Harry Specht, "Community Development in Low-Income Negro Areas,"* Social Work, *Oct. 1966, p. 81.*

[70] *Chilman.*

New Publications

U.S. Government

Publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on orders of 100 or more). Payment must accompany order. Single copies of publications for which no prices are listed are available from the issuing agency.

Department of Health, Education, and Welfare

The crisis of qualified manpower for criminal justice: an analytic assessment with guidelines for new policy. Vol. I: Probation-parole. (Office of Juvenile Delinquency and Youth Development publication No. 564.) 1969, 85 pp., $1. Examines staffing needs in probation and parole agencies.

Non-Government

Inquiries and orders should be directed to the publisher or issuing agency.

The anatomy of a riot: a Detroit judge's report, by James H. Lincoln. McGraw-Hill Book Co., 320 W. 42d St., New York, N.Y. 10036. 1968, 206 pp., $5.95. Presents first-hand observation of Detroit's 1967 riot and discusses procedures for handling juveniles picked up during riots.

Annual price survey: family budget costs, October 1968, 12th ed. Budget Standard Service, Research Department, Community Council of Greater New York, 225 Park Ave. South, New York, N.Y. 10003. 1969, 78 pp., $2.50. Supplement to A Family Budget Standard and How to Measure Ability to Pay for Social and Health Services.

Child care and the family: a study of short term admission care, by H. R. Schaffer and Evelyn B. Schaffer. G. Bell and Sons, Ltd., London. 1968, 88 pp., about $1.50. *(Occasional Papers on Social Administration,* No. 25.) Discusses the problem of substitute care for children of families in crisis.

A concept of organization, by Paul E. Torgerson. American Book-Van Nostrand-Reinhold, 55 5th Ave., New York, N.Y. 10003. 1969, 173 pp., $4.75. Presents a theory of organization based on the work of Chester I. Barnard, using family, church, club, university, and community affairs as examples.

Destiny of change: how relevant is man in the age of development?, by Kenneth R. Schneider. Holt, Rinehart, and Winston, Inc., 383 Madison Ave., New York, N.Y. 10017. 1968, 288 pp., $4.50. Discusses human social development in the "age of economic pre-eminence, organizational power, and technological and scientific expansiveness."

Discrimination, poverty, and the Negro: Arizona in the national context, by John E. Crow. University of Arizona Press, Box 3398, College Station, Tucson, Ariz. 85700. 1968, 53 pp., $1.50. (*Arizona government studies,* No. 5.) Discusses the relation of discrimination and poverty among Negroes in Arizona.

Education for social work. Readings in social work, vol 4, compiled by Eileen Younghusband. Allen and Unwin, Ltd., London. 1968, 180 pp., about $3.75. (*National Institute for Social Work Training Series,* No. 14.) Examines problems of curriculum planning and educational method.

The emergence of metropolitan America, 1915-1966, by Blake McKelvey. Rutgers University Press, 30 College Ave., New Brunswick, N.J. 08903. 1968, 311 pp., $10. Studies the struggle of municipal leaders to overcome problems of urban growth and migration to the cities.

Essays in sociological explanation, by Neil J. Smelser. Prentice-Hall, Inc., Englewood Cliffs, N.J. 07632. 1968, 280 pp., $7.95. Examines sociological theories and their application to social change.

Gang delinquency and delinquent subcultures, James F. Short, ed. Harper and Row, 49 E. 33d St., New York, N.Y. 10016. 1968, 328 pp., $3.95. Presents studies on empirical research and discusses the interaction between theory and research findings.

Group dynamics: research and theory, Dorwin Cartwright and Alvin Zander, eds. 3d ed. Harper and Row, 49 E. 33d St., New York, N.Y. 10016. 1968, 580 pp., $11.95. Concerns the nature of groups, their interrelations, and the laws of their development.

Judaism and the community: new directions in Jewish social work, Jacob Fried, ed. Thomas Yoseloff, A. S. Barnes and Co.,

Box 421, Cranbury, N.J. 08512. 1968, 248 pp., $6. Discusses the social problems of Jewish people in the 20th century.

Manpower for mental health, Franklyn N. Arnhoff, Eli A. Rubinstein, and Joseph C. Speisman, eds. Aldine Publishing Co., 529 S. Wabash Ave., Chicago, Ill. 60605. 1969, 204 pp., $6.95. "Examines specific concepts and theoretical issues. . .in manpower policy" as presented in papers at a 1967 symposium by specialists from the National Institute of Mental Health, several universities, and other institutions.

The new conservative liberal manifesto, by Richard C. Cornuelle and Robert H. Finch. Viewpoint Books, Box 9622, San Diego, Calif. 92109. 1968, 160 pp., $1. Develops the thought that independent action by private organizations can play an important part in solving the problems of the United States.

Nineteen Negro men: personality and manpower training, by Aaron L. Rutledge and Gertrude Zemon Gass. Jossey-Bass, Inc., 615 Montgomery St., San Francisco, Calif. 94111. 1968, 109 pp., $5.50. Reports on a study of hard-core unemployed Negro men retrained as practical nurses.

People and plans: essays on urban problems and solutions, by Herbert J. Gans. Basic Books, 404 Park Ave. South, New York, N.Y. 10016. 1968, 395 pp., $10. Applies social science theories and data to the issues confronting professional persons concerned with the future of U.S. cities.

The political and economic progress of the American Negro, 1940-1963, by Harry J. Vander. William C. Brown Co., 135 S. Locust St., Dubuque, Iowa 52001. 1968, 111 pp., $3.75. Surveys the positions that Negroes have held in American political affairs.

Poverty, planning and politics in the New Boston: the origins of ABCD. Basic Books, 404 Park Ave. South, New York, N.Y. 10016. 1969, 199 pp., $5.95. Describes the beginning of Action for Boston Community Development, a 1961 antipoverty program sponsored by the Ford Foundation and the Federal Government.

Producer, consumer, and social choice, by O. H. Brownlee and John A. Buttrick. McGraw-Hill Book Co., 33 W. 42d St., New York, N.Y. 10036. 1968, 286 pp., $9.95. A textbook of economic theory which deals with resource allocation in welfare economics.

Reactions of welfare clients to social service, by Richard Pomeroy in collaboration with Harold Yahr and Lawrence Podell. Research Foundation, City University of New York, Box 605, Lenox Hill Station, New York, N.Y. 10021. 1969, 80 pp., $2.50. Seventh in a series, *Studies in Public Welfare,* issued by the Center for the Study of Urban Problems of the City University of New York.

Shaping an urban future: essays in memory of Catherine Bauer Wurster, by Bernard J. Frieden and William W. Nash, Jr. Massachusetts Institute of Technology Press, 77 Massachusetts Ave., Cambridge, Mass. 02139. 1969, 222 pp., $7.50. Explores specific issues in urban crisis.

The following reports have been published by the Public Welfare Reporting Center since it was established in January 1969 by the National Study Service, Inc. The reports are intended to supplement the statistical and research reports of the U.S. Department of Health, Education, and Welfare and to provide a basis for evaluating present laws and programs and for planning new ones.

Are people treated equitably in our public welfare programs? (No. 1, March, 25 pp., $1; 10 copies, $7; 50 or more copies, 50 cents).

Use of the declaration in public assistance: a brief summary (No. 2, May, 10 pp., same price as above).

Declarations or a simplified method of eligibility determination in the administration of public assistance: a review of objectives and of State experiences to date (No. 2A, May, 31 pp. and appendix of sample forms, $1.75; 2 or more copies, $1.50 each).

The address of the National Study Service is 44 East 23d St., New York, N.Y. 10010. Its officers are John H. Moore, director; Maurice O. Hunt, coordinator; and Ellen Winston, chief consultant.

The sociological task, by Harold Fallding. Prentice-Hall, Inc., Englewood Cliffs, N.J. 07632. 1968, 141 pp., $5.25. Discusses what to measure in sociological inquiry.

A study of slum culture: backgrounds for LA VIDA, by Oscar Lewis. Random House, 30 W. 60th St., New York, N.Y. 10023. 1968, 240 pp., $7. Compares low-income Puerto Rican families in the San Juan slums with their relatives in New York.

The urban neighborhood: a sociological perspective, by Suzanne Keller. Random House, 30 W. 60th St., New York, N.Y. 10023. 1968, 201 pp., $2.45. Examines sociological studies on patterns of neighborhoods and discusses the implications for planning.

Volunteer training and development: a manual for community groups, by Anne K. Stenzel and Helen M. Feeney. Seabury Press, 815 2d Ave., New York, N.Y. 10017. 1968, 223 pp., $5.95. Emphasizes the continuous learning aspect of volunteer service.

Volunteers look at corrections: report of a survey made by Louis Harris and Associates. Joint Commission on Correctional Manpower and Training, 1522 K St., NW., Washington, D.C. 20005. 1969, 30 pp., $1. On the basis of interviews with 541 volunteers, tells who they are, why they are in volunteer work, and how they view their work.

Warriors for the poor, by William H. Crook and Ross Thomas. William Morrow and Co., 425 Park Ave. South, New York, N.Y. 10016. 1969, 192 pp., $5.95. Tells the story of VISTA.

The welfare world, by Reed K. Clegg. Charles C. Thomas, 301 Lawrence Ave., Springfield, Ill. 62703. 1968, 117 pp., $4.75. A public welfare director describes some of his cases and problems.

Program and Operating Statistics

Public Assistance in December 1968 and January 1969

December 1968

MORE THAN 9.7 million persons received money payments under public assistance programs in December 1968–826,000 more than in December the year before. Increases during the first quarter (268,000) and last half (603,000) of the calendar year were slightly offset by a small decrease (4,500) in the second quarter. Most of the 1968 increase–93 percent–reflected the continued rapid growth in the number of recipients of aid to families with dependent children (AFDC), a growth that began in 1966. From December of that year to December 1968, the number aided rose by 1,434,000, or 30 percent, to 6.1 million.

More people received assistance under two other programs in December 1968 than a year earlier. The number of recipients of aid to the permanently and totally disabled (APTD) rose by 57,000, the number receiving general assistance (GA) by 45,000. Decreases of 45,000 and 2,000 occurred in the numbers receiving old-age assistance (OAA) and aid to the blind (AB). More than half the decrease in OAA and about a third of that in AB resulted from the increase in benefits under the program of old-age, survivors, disability, and health insurance (OASDHI) that became effective in March 1968.

Total expenditures for assistance, including medical assistance, were $9.8 billion in 1968–an increase of $2 billion over 1967. Money payments rose by $700 million to $5.7 billion. Larger expenditures for AFDC accounted for about three-fourths of the increase in money payments; the rest of the increase was about equally divided between GA and APTD. Expenditures for OAA decreased by $2.5 million, chiefly because of the increase in insurance benefits.

Total payments for medical care were $4.1 billion in 1968–$1.3 billion over 1967. Of this amount 93 percent was for medical assistance in the 42 States with medical assistance plans under title XIX of the Social Security Act. The expansion of these programs to serve more people and higher medical prices were the main causes of this rise in expenditures. In May 1968[1] payments were made on behalf of 5.5 million persons, an increase of more than a third over May 1967. The increase in medical prices–6 percent according to the Consumer Price Index–required an additional expenditure of almost $250 million, about a fifth of the total increase.

The number of AFDC recipients increased each month in 1968 except June. As a result, the total number of recipients in December was about 15 percent greater than a year earlier. Annual increases of 15 percent or more occurred in 20 States. Five States that had been required to add cases under a Supreme Court decision in June 1968[2] had percentage increases ranging from 29 to 35. Only four States had fewer AFDC recipients than a year before.

For APTD nationally, 703,000 recipients in December 1968 represented an increase of 8.8 percent over the preceding December. Forty-two States aided more persons than had been aided a year earlier.

The total number of persons receiving GA was 827,000 in December, 45,000 more than the year before. An estimated seven of every 10 States had increases during the year. The States with decreases included six with drops of 25 to 50 percent.

All but 14 States had decreases in OAA over the year. The percentage decrease nationally was only a little more than 2 percent, but percentage decreases at three times the national rate (7 percent or more) took place in 12 States. An increase of more than 5 percent occurred in seven of the 14 States that had increases.

AB recipients numbered 80,700 in December 1968–2.4 percent less than in December 1967. There were decreases in 38 States. All State increases were under 4 percent except in Montana (12 percent) and Nevada (6 percent).

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[1] *Current data on the number of people receiving medical assistance are available only for the middle month of each calendar quarter. May was the month closest to the midpoint of the year for which data are available.*

[2] *Under some State plans, children had been found ineligible when a man not their father was living in the home, on the ground that the man was a substitute parent. The Supreme Court decision states that eligibility for assistance must be based solely on the status of the natural or adoptive parent.*

January 1969

IN JANUARY 1969 nearly 9.9 million persons received money payments under public assistance programs—156,000 more than in the preceding month. Four-fifths of the increase, accounting for 130,000 persons, occurred in the program of aid to families with dependent children (AFDC). Other increases occurred in general assistance (GA)—22,800—and in aid to the permanently and totally disabled (APTD)—7,800. The number of recipients of old-age assistance (OAA) and aid to the blind (AB) decreased by 3,600 and 200.

The increase in maintenance payments in January over December was $12 million;[1] in payments for medical assistance, $25.3 million. Most of the increase in maintenance payments ($10.7 million[1]) occurred in the AFDC program. More than half the national increase of $12 million for all programs combined occurred in Pennsylvania. Larger expenditures in California for medical assistance accounted for more than 40 percent of the January increase in the medical assistance program. Total expenditures for all assistance came to $900.8 million.

Significant program developments occurred in New Jersey and Pennsylvania. Pennsylvania raised individual money payments by about 30 percent in all programs except AB. This, together with larger numbers of recipients, resulted in a rise in costs of $6.5 million, an increase of about a third over December. New Jersey expanded its AFDC program to cover payments to children in need whose parents were unemployed or were working full- or part-time but did not have enough income to maintain their families at the State's assistance standard. Most of the families aided in January under the AFDC program expansion had previously received general assistance. Payments in behalf of children whose parents are employed, or if unemployed, do not meet the definition of unemployment as specified in Federal law, are made entirely from State and local funds.

Changes in the numbers of recipients during the year were the following: For AFDC the 6.2 million recipients in January 1969 represented an increase of 773,000 over the number aided a year earlier. About 711,000 persons received APTD, an increase of 60,000 for the year; and 850,000 received GA, an increase of 33,000. For OAA a decrease of 46,000 over the year brought the number of recipients down to 2,024,000. For AB the decrease was 2,000, the number aided, 80,500. About half the decline in OAA and a third of that in AB resulted from the increase in insurance benefits under the program of old-age, survivors, disability, and health insurance (OASDHI) that became effective in March 1968.

[1] *Change based on data for December which exclude $16.5 million in special $25 allowances made that month to all recipients in New York City. Exclusion of these payments from the December figure shows the national trend more nearly accurately.*

Table 1. Amount of public assistance payments in the United States, by month, December 1967-December 1968[1]

(December 1968 tables)

Year and month	Total	Maintenance assistance							Medical assistance 2/					
		Total	Money payments to recipients 3/						Total	Federally aided programs				
			Federally aided programs											
			Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 4/						
								Payments to intermediate care facilities 5/			Medical assistance (Title XIX)	Medical assistance for the aged (Titles I and XVI)	Other 6/	General assistance 4/
	Amount of assistance (In thousands)													
1967														
December	$713,589	$445,526	$414,690	$145,425	$7,475	$52,054	$209,736	$30,836	---	$268,063	$263,375	$244,875	$4,920	$13,580	$4,688
1968														
January	760,781	454,739	422,104	145,603	7,505	52,689	216,307	32,635	---	306,042	301,967	282,784	5,508	13,675	4,075
February	742,835	455,226	423,011	144,748	7,436	52,828	217,999	32,215	---	287,609	282,608	263,304	5,460	13,844	5,001
March	774,529	455,621	422,857	140,385	7,374	52,696	222,402	32,764	---	318,908	314,769	295,218	5,388	14,163	4,139
April	844,178	457,290	424,484	136,733	7,345	53,313	227,093	32,806	---	386,888	381,757	362,115	5,332	14,310	5,131
May	797,734	461,177	427,896	136,661	7,375	53,802	230,058	33,281	---	336,557	331,506	311,237	5,675	14,594	5,051
June	815,718	466,061	433,121	136,756	7,388	54,301	234,676	32,940	---	349,657	344,890	324,609	5,480	14,801	4,767
July	802,207	473,762	438,206	138,160	7,411	55,125	237,510	35,237	$319	328,445	323,624	303,900	5,961	13,763	4,821
August 7/	841,629	500,809	459,891	139,306	7,437	56,146	257,002	39,682	1,236	340,820	335,782	315,866	5,381	14,535	5,038
September	821,608	479,961	440,993	138,091	7,364	55,592	239,946	37,342	1,626	341,647	336,215	316,508	5,525	14,182	5,432
October	858,896	488,713	450,667	139,332	7,396	56,699	247,240	36,250	1,796	370,183	365,226	345,064	5,678	14,484	4,957
November	862,317	486,751	449,388	138,683	7,369	56,732	246,604	35,558	1,805	375,566	370,196	349,902	5,722	14,572	5,370
December 7/	881,650	522,450	480,034	142,109	7,485	58,658	271,782	40,604	1,812	359,200	354,314	333,830	5,753	14,731	4,886
	Percentage change from preceding month													
1967														
December	-0.6	+2.0	+1.9	+0.6	+0.9	+1.8	+2.8	+4.4	---	-4.6	-4.7	-5.1	-4.5	+3.2	+2.4
1968														
January	+6.6	+2.1	+1.8	+.1	+.4	+1.2	+3.1	+5.8	---	+14.2	+14.7	+15.5	+12.0	+.7	-13.1
February	-2.4	+.1	+.2	-.6	-.9	+.3	+.8	-1.3	---	-6.0	-6.4	-6.9	-.9	+1.2	+22.7
March	+4.3	+.1	(8/)	-3.0	-.8	-.3	+2.0	+1.7	---	+10.9	+11.4	+12.1	-1.3	+2.3	-17.2
April	+9.0	+.4	+.4	-2.6	-.4	+1.2	+2.1	+.1	---	+21.3	+21.3	+22.7	-1.0	+1.0	+24.0
May	-5.5	+.8	+.8	-.1	+.4	+.9	+1.3	+1.4	---	-13.0	-13.2	-14.1	+6.4	+2.0	-1.6
June	+2.3	+1.1	+1.2	+.1	+.2	+.9	+2.0	-1.1	---	+3.9	+4.0	+4.3	-3.4	+1.4	-5.6
July	-1.7	+1.7	+1.1	+.8	+.3	+1.5	+1.2	+6.9	---	-6.1	-6.2	-6.4	+8.8	-7.0	+1.1
August 7/	+2.5	+1.4	+1.1	(9/)	-.3	+.7	+1.7	+3.1	+287.7	+3.8	+3.8	+3.9	-9.7	+5.6	+4.5
September	(9/)	-.1	-.4	-.1	-.3	+.1	-.7	+2.8	+31.5	+.2	+.1	+.2	+2.7	-2.4	+7.8
October	+4.5	+1.8	+2.2	+.9	+.4	+2.0	+3.0	-2.9	+10.5	+8.4	+8.6	+9.0	+2.8	+2.1	-8.7
November	+.4	-.4	-.3	-.2	-.4	+.1	-.3	-1.5	+.5	+1.5	+1.4	+1.4	+.8	+.6	+6.2
December 7/	-.5	+3.0	+2.9	+1.6	+.9	+2.3	+3.5	+4.0	+.4	-4.4	-4.3	-4.6	+.5	+1.1	-7.2
	Percentage change from same month of preceding year													
1968														
December	+20.2	+12.6	+11.5	-3.1	-.5	+11.5	+21.7	+20.0	---	+34.0	+34.5	+36.3	+16.9	+8.5	+4.2

1/ All data subject to revision.
2/ Amounts represent primarily bills paid to medical vendors during the month and therefore are subject to fluctuations unrelated to provision of medical services.
3/ Includes nonmedical vendor payments other than those for institutional services in intermediate care facilities.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico for all months, and Nevada beginning January 1968; data not available.
5/ Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.
6/ Data represent payments to medical vendors under maintenance assistance programs operated under State plans approved under titles I, IV, X, XIV, or XVI.
7/ Amounts for money payments include a special grant of $25.00 per person (aggregating $20,500,000 in August and $22,002,000 in December) issued quarterly in New York City. Percentage changes based on data excluding these amounts.
8/ Decrease of less than 0.05 percent.
9/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance maintenance payments in the United States, by month, December 1967-December 1968[1]

Year and month	Recipients of money payments 2/										Recipients of institutional services in intermediate care facilities 3/
	Federally aided programs								General assistance 4/		
	Total	Adult programs				Aid to families with dependent children					
		Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Families	Total recipients 5/	Children	Cases	Recipients	
	Number of recipients (In thousands)										
1967											
December	8,111	2,802	2,073	82.7	646	1,297	5,309	3,986	352	782	---
1968											
January	8,238	2,804	2,070	82.5	651	1,327	5,442	4,080	365	817	---
February	8,316	2,796	2,060	82.3	654	1,346	5,520	4,132	363	798	---
March	8,369	2,782	2,044	81.7	656	1,365	5,587	4,180	365	792	---
April	8,381	2,769	2,028	81.4	660	1,374	5,612	4,203	360	762	---
May	8,385	2,770	2,023	81.2	666	1,380	5,615	4,209	358	749	---
June	8,379	2,770	2,019	81.2	670	1,383	5,609	4,207	353	737	---
July	8,410	2,774	2,019	81.0	674	1,397	5,636	4,229	367	768	2.6
August	8,490	2,783	2,022	81.0	680	1,420	5,707	4,275	375	784	7.6
September	8,587	2,786	2,021	81.1	684	1,443	5,801	4,351	383	837	10.5
October	8,680	2,798	2,026	81.1	691	1,471	5,882	4,408	382	800	10.9
November	8,763	2,804	2,026	81.0	697	1,490	5,959	4,465	382	798	11.1
December	8,892	2,812	2,028	80.7	703	1,521	6,080	4,551	391	827	11.3
	Percentage change from preceding month										
1967											
December	+1.3	+0.2	-0.1	-0.2	+0.8	+1.9	+2.0	+2.0	+3.0	+3.2	---
1968											
January	+1.6	+.1	-.1	-.2	+.7	+2.2	+2.4	+2.2	+3.7	+4.5	---
February	+.9	-.3	-.5	-.3	+.6	+1.5	+1.6	+1.4	-.3	-2.3	---
March	+.6	-.5	-.8	-.8	+.4	+1.4	+1.2	+1.2	+.6	-.7	---
April	+.1	-.5	-.8	-.4	+.5	+.7	+.4	+.5	-1.5	-3.8	---
May	(6/)	(6/)	-.3	-.2	+.9	+.4	+.1	+.1	-.3	-1.7	---
June	-.1	0	-.2	0	+.6	+.2	-.1	(7/)	-.8	-1.6	---
July	+.3	+.2	0	-.2	+.6	+1.0	+.4	+.5	+3.8	+4.8	---
August	+.9	+.3	+.1	0	+.9	+1.6	+1.2	+1.1	+2.2	+2.1	+194.6
September	+1.1	+.1	(7/)	(6/)	+.6	+1.7	+1.7	+1.8	+2.1	+6.8	+38.2
October	+1.1	+.4	+.2	0	+1.0	+1.9	+1.4	+1.3	-.3	-4.4	+3.9
November	+1.0	+.2	(7/)	(7/)	+.8	+1.3	+1.3	+1.3	0	-.2	+1.2
December	+1.5	+.3	+.1	-.4	+.9	+2.0	+2.0	+1.9	+2.6	+3.6	+2.3
	Percentage change from same month of preceding year										
1968											
December	+9.6	+.4	-2.2	-2.4	+8.8	+14.9	+14.5	+12.0	+11.3	+5.7	---

1/ All data subject to revision.
2/ Includes recipients of nonmedical vendor payments other than those for institutional services in intermediate care facilities.
3/ Includes recipients of OAA, AB, or APTD for whom such payments are subject to Federal financial participation under approved State plans under titles, I, X, XIV, or XVI, and a few AFDC or GA recipients for whom such payments are made without Federal participation.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico for all months, and Nevada beginning January 1968; data not available.
5/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
6/ Increase of less than 0.05 percent.
7/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients of money payments and amount of payments, by State, December 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	November 1968 in--		December 1967 in--	
				Number	Amount	Number	Amount
Total 2/...	2,028,000	3/$142,109,000	3/$69.50	+0.1	3/ +1.6	-2.2	3/ -3.1
Ala.....	114,000	7,065,000	62.05	-.1	-.2	-.7	-2.2
Alaska 4/.....	1,400	122,000	85.25	-.8	+1.1	+.6	+13.6
Ariz.....	11,900	664,000	55.95	-6.9	+6.8	-8.0	-9.1
Ark. 4/.....	61,300	3,326,000	54.30	(5/)	-.2	-5.9	-14.2
Calif.....	301,000	31,803,000	105.55	+.5	+5.5	+2.9	+3.5
Colo. 2/.....	38,400	3,028,000	78.80	(6/)	-.1	-5.3	-7.9
Conn.....	7,600	683,000	89.50	+.7	+1.1	+4.4	+18.2
Del.....	1,900	110,000	59.35	-2.0	-2.3	+3.3	-5.1
D. C.....	2,500	179,000	72.65	(6/)	(6/)	+7.6	+6.8
Fla. 4/.....	70,200	3,439,000	48.95	-.3	-.3	-5.3	-7.4
Ga. 4/.....	89,900	4,619,000	51.40	+.1	-.1	-2.9	-3.9
Guam.....	260	14,400	55.10	+4.4	+12.2	+32.3	+37.4
Hawaii 4/.....	1,900	175,000	90.05	-.5	+.1	+7.0	+18.2
Idaho.....	3,400	215,000	63.75	-.6	-.5	-8.5	-13.4
Ill. 4/.....	37,600	2,467,000	65.55	+.2	+2.1	-3.5	-3.9
Ind.....	17,200	808,000	46.90	-.5	-.2	-10.8	-12.7
Iowa.....	22,800	2,390,000	104.65	-.5	+1.3	-6.1	-5.1
Kans. 4/.....	13,300	817,000	61.60	-1.5	+.4	-23.0	-45.3
Ky. 4/.....	62,700	3,360,000	53.60	+2.3	+3.0	+1.9	-3.1
La.....	121,000	8,437,000	69.45	-.4	-.5	-2.6	-7.7
Maine 4/.....	10,100	576,000	56.80	+.5	+.7	-1.6	+4.6
Md. 4/.....	8,000	490,000	61.60	+1.0	+.9	+.1	+.1
Mass. 7/.....	49,100	4,244,000	86.40	---	---	---	---
Mich.....	37,700	2,657,000	70.55	(5/)	+1.6	-5.6	-4.0
Minn.....	23,200	1,484,000	64.00	-.9	-1.0	-8.7	-10.7
Miss.....	70,300	2,514,000	35.75	-.3	-.4	-7.1	-13.6
Mo.....	91,200	6,593,000	72.30	(6/)	-.1	-3.1	-2.6
Mont.....	3,700	232,000	63.30	-.2	-.4	-6.2	-8.5
Nebr. 4/.....	8,100	467,000	57.55	-.3	-.4	-7.0	-8.9
Nev.....	2,600	197,000	74.90	+.5	-.1	+6.2	+8.2
N. H.....	4,200	489,000	116.15	+.6	+.7	+9.4	+5.4
N. J.....	14,200	1,044,000	73.55	+.3	-.6	+.1	-3.6
N. Mex. 4/.....	9,700	520,000	53.85	+.3	(5/)	-1.0	-6.3
N. Y. 4/.....	81,400	3/ 9,068,000	3/ 97.30	+1.0	3/ +6.7	+9.7	3/ +15.8
N. C. 4/.....	37,700	2,586,000	68.55	+.1	+.4	-4.7	+2.2
N. Dak. 4/.....	4,100	314,000	77.25	+.2	-.4	-5.0	-8.6
Ohio.....	61,200	3,645,000	59.55	-.2	-.4	-6.4	-14.1
Okla. 4/.....	76,800	5,455,000	71.00	-.1	-.2	-4.1	-7.9
Oreg.....	8,100	401,000	49.70	(5/)	-.7	-14.5	-28.6
Pa.....	43,100	2,995,000	69.50	+.5	-.3	-3.2	-10.3
P. R. 4/.....	21,600	226,000	10.45	-.4	-.5	-7.8	+7.1
R. I. 4/.....	4,200	183,000	43.55	-.5	-.5	-5.0	-32.5
S. C.....	19,400	873,000	45.00	-.3	-.3	-12.2	-11.6
S. Dak.....	4,800	293,000	61.55	-.3	-.8	-7.8	-14.1
Tenn.....	49,400	2,477,000	50.20	+.2	(5/)	-1.9	-5.5
Tex.....	230,000	13,808,000	60.00	(6/)	-.2	+.2	-2.9
Utah.....	4,400	194,000	43.90	-.7	-.6	-.7	-24.1
Vt.....	4,300	298,000	69.80	(5/)	+.1	-.5	-2.7
V. I.....	380	14,600	38.70	-1.1	-.8	-3.8	+6.3
Va.....	10,900	634,000	58.10	+.2	+1.0	-3.4	+.4
Wash.....	23,500	1,478,000	62.85	-.5	-.9	-9.5	-16.2
W. Va.....	11,200	732,000	65.10	-.2	+.6	-5.9	+5.0
Wis.....	16,200	1,047,000	64.65	+.3	+1.3	-3.3	-3.4
Wyo.....	2,000	157,000	79.10	-.5	-.4	-5.5	-3.3

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes 3,600 recipients aged 60-64 in Colorado and payments of $341,000 to these recipients. Such payments were made without Federal participation.
3/ Amount includes $1,146,000 representing a special grant of $25.00 per person issued quarterly in New York City. The average payment and percentage changes exclude this amount. Including this amount, the average payments would be: Total, $70.10 and New York $111.40. Including one-third of this amount the average payments would be: Total, $69.70 and New York $102.00.
4/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.
7/ Data for November; December data not reported.

Table 4. Aid to the blind: Recipients of money payments and amount of payments, by State, December 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	November 1968 in--		December 1967 in--	
				Number	Amount	Number	Amount
Total 2/ 3/.....	80,700	4/ $7,485,000	4/ $92.15	-0.4	4/ +0.9	-2.4	4/ -0.5
Ala.....	1,900	134,000	70.20	-.1	+.1	+2.3	+1.6
Alaska 5/.....	96	11,300	118.05	(6/)	(6/)	(6/)	(6/)
Ariz.....	600	43,300	72.00	-1.2	-.5	-11.5	-10.2
Ark. 5/.....	1,800	124,000	67.90	+.3	-.3	-5.8	-8.9
Calif. 2/.....	12,700	1,826,000	144.20	+.3	+4.4	+1.3	+6.7
Colo.....	210	15,200	73.55	0	-.8	-1.0	+3.6
Conn.....	240	22,600	94.25	-1.2	-1.7	-7.0	+2.6
Del.....	360	32,200	89.70	+2.6	+3.8	+3.2	+10.0
D. C.....	190	16,400	84.35	+1.0	+4.5	+2.6	-1.6
Fla. 5/.....	2,400	153,000	64.25	-.2	-.1	-4.4	-3.9
Ga. 5/.....	3,200	197,000	62.30	(7/)	-.1	+.1	+.4
Guam.....	6	330	(6/)	(6/)	(6/)	(6/)	(6/)
Hawaii 5/.....	69	8,000	115.45	(6/)	(6/)	(6/)	(6/)
Idaho.....	100	8,200	78.40	0	-1.3	-5.4	-6.0
Ill. 5/.....	1,800	148,000	84.65	-.7	+1.4	-5.0	-2.7
Ind.....	1,400	92,800	64.90	+.3	+.6	-7.5	-7.1
Iowa.....	1,000	113,000	110.25	-1.0	+2.5	-2.9	-1.3
Kans. 5/.....	370	26,300	71.25	+.3	-.3	-8.7	-28.9
Ky. 5/.....	2,400	166,000	70.45	-10.0	-10.2	-9.4	-9.1
La.....	2,400	184,000	75.95	-.2	-10.0	-4.5	-5.6
Maine 5/.....	210	16,500	78.10	+1.9	+3.1	-6.6	-.7
Md. 5/.....	340	29,200	84.75	-.6	+.4	-1.4	-.1
Mass. 8/.....	2,700	319,000	119.05	-.1	+10.0	+12.1	+8.8
Mich.....	1,400	129,000	91.65	-.6	+.6	-3.2	+2.7
Minn.....	810	66,400	82.15	-.1	+1.7	-1.7	-1.6
Miss.....	2,200	100,000	44.70	-.3	-.4	-7.9	-9.7
Mo. 2/.....	3,900	337,000	86.60	+.1	-.1	-.7	-.5
Mont.....	170	13,600	81.85	+1.2	+1.9	-6.7	-4.3
Nebr. 5/.....	350	30,000	86.40	-2.5	-2.9	-6.2	-4.4
Nev.....	160	16,200	98.10	+2.5	+2.7	+5.8	+8.1
N. H.....	230	26,600	114.25	-.4	+2.1	-3.3	+1.3
N. J.....	900	82,000	91.65	-.1	-.5	-1.1	-.1
N. Mex. 5/.....	370	27,400	73.30	-.3	-.3	+1.9	-.7
N. Y. 5/.....	3,300	4/ 432,000	4/ 117.05	+.9	4/ +3.2	+3.8	4/ +5.1
N. C. 5/.....	4,600	376,000	81.25	-.3	+.4	-1.5	+4.9
N. Dak. 5/.....	85	7,600	89.00	(6/)	(6/)	(6/)	(6/)
Ohio.....	2,800	203,000	72.15	+.7	+.1	-2.5	-3.3
Okla. 5/.....	1,400	147,000	103.10	-.6	-.5	-6.1	-7.0
Oreg.....	520	43,400	82.60	+.6	-1.3	+3.6	-1.7
Pa. 3/.....	9,200	980,000	106.90	-.7	-.8	-6.6	-8.3
P. R. 5/.....	770	8,100	10.45	-.6	-1.1	-15.1	-2.3
R. I. 5/.....	110	7,600	66.90	-2.6	+2.3	-5.0	-19.5
S. C.....	1,900	108,000	57.85	-.6	-.2	-3.1	-4.3
S. Dak.....	120	9,900	86.05	+1.8	+1.1	+1.8	-2.2
Tenn.....	1,810	121,000	66.85	-.1	+.3	-1.1	-2.9
Tex.....	4,100	299,000	72.40	-.4	-.7	-1.8	-4.4
Utah.....	140	8,000	56.85	-4.1	-3.1	+2.9	-9.5
Vt. 5/.....	110	9,800	89.95	+1.9	+2.5	-.9	+5.6
V. I.....	9	390	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,100	82,800	76.80	+.4	+.8	-2.2	+.1
Wash.....	470	41,100	87.45	+1.5	-.6	-5.6	-5.2
W. Va.....	580	34,300	58.70	+.2	+1.3	-7.3	-2.2
Wis.....	600	47,900	79.60	+1.2	-.7	+1.0	-3.9
Wyo.....	39	2,900	(6/)	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $32,300 to 180 recipients and Missouri, $58,600 to 670 recipients.
3/ Does not include $589,000 to an estimated 7,800 recipients under State blind pension program in Pennsylvania administered under State Law without Federal participation.
4/ Amount includes $47,100 representing a special grant of $25.00 per person issued quarterly in New York City. The average payment and percentage changes exclude this amount. Including this amount, the average payments would be: Total, $92.75 and New York, $131.35. Including one-third of this amount the average payments would be: Total, $92.35 and New York, $121.80.
5/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
7/ Increase of less than 0.05 percent.
8/ Data for November; December data not reported.

Table 5. Aid to the permanently and totally disabled: Recipients of money payments and amount of payments, by State, December 1968[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	November 1968 in--		December 1967 in--	
				Number	Amount	Number	Amount
Total.....	703,000	2/$58,658,000	2/ $82.55	+0.9	2/ +2.3	+8.8	2/ +11.5
Ala.....	16,400	820,000	49.85	+.7	+.9	+4.9	+4.9
Alaska 3/.....	550	62,200	112.90	+3.8	+6.6	+35.0	+72.0
Ariz.....	6,100	400,000	65.65	+.2	+.1	+2.0	+1.9
Ark. 3/.....	11,300	692,000	61.05	-.6	-.8	-2.0	-6.3
Calif.....	134,000	16,440,000	122.35	+2.0	+5.6	+13.1	+15.9
Colo.....	7,600	520,000	68.20	+1.1	+1.4	+8.3	+14.3
Conn.....	5,600	618,000	110.65	+1.7	+4.1	+15.0	+33.7
Del.....	1,200	113,000	95.65	+3.0	+5.3	+17.9	+22.7
D. C.....	4,500	386,000	85.65	+.2	-.2	+8.5	+7.2
Fla. 3/.....	20,600	1,259,000	61.25	-.3	-.3	-1.3	-.8
Ga. 3/.....	29,900	1,822,000	61.00	+.2	+.1	+3.8	+4.3
Guam.....	46	2,600	(4/)	(4/)	(4/)	(4/)	(4/)
Hawaii 3/.....	1,600	192,000	119.40	+.3	+.9	+7.3	+19.5
Idaho.....	2,800	207,000	75.20	+1.7	+.8	+4.9	+6.1
Ill. 3/.....	35,000	3,044,000	86.95	+1.1	+2.6	+10.5	+16.4
Ind.....	3,600	185,000	51.20	+1.8	+2.0	+28.6	+35.8
Iowa.....	2,500	333,000	133.85	+.2	+3.7	+15.1	+21.1
Kans. 3/.....	5,200	354,000	67.55	+1.1	+.9	-8.0	-44.5
Ky. 3/.....	15,000	1,054,000	70.30	-6.6	-6.6	+2.7	+2.1
La.....	22,300	1,191,000	53.45	-1.5	-1.3	-1.5	-.2
Maine 3/.....	2,800	235,000	83.25	+.9	+3.5	+9.0	+22.4
Md. 3/.....	14,200	1,137,000	80.25	+.2	+.7	+18.9	+23.1
Mass. 5/.....	15,200	1,551,000	102.10	---	---	---	---
Mich.....	21,000	1,918,000	91.15	+1.6	+3.5	+16.9	+26.0
Minn.....	8,800	736,000	83.60	+.6	+1.0	+9.4	+15.7
Miss.....	21,500	948,000	44.20	-.3	-.4	-2.8	-5.9
Mo.....	17,500	1,296,000	73.85	+.2	+.3	+3.7	+1.7
Mont.....	1,700	136,000	78.10	+1.5	+1.7	+18.9	+20.9
Nebr. 3/.....	3,400	233,000	68.40	-.3	-.2	+1.5	-1.0
N. H.....	700	73,200	104.65	+.4	+1.2	-.6	+4.0
N. J.....	10,400	965,000	92.65	+.8	+.9	+8.7	+12.2
N. Mex. 3/.....	6,700	465,000	69.20	+1.8	+1.9	+30.1	+28.7
N. Y. 3/.....	48,000	2/ 5,492,000	2/ 101.30	+4.1	2/ +4.4	+21.7	2/ +21.3
N. C. 3/.....	24,200	1,767,000	73.15	+.4	+.7	+3.2	+9.3
N. Dak. 3/.....	1,900	167,000	86.50	+.6	+.6	+5.6	+4.8
Ohio.....	26,000	1,875,000	72.20	+.4	+.6	+15.7	+13.9
Okla. 3/.....	19,400	1,823,000	94.00	+.6	+.5	-2.3	-2.7
Oreg.....	5,100	370,000	73.00	-.2	-.9	-3.9	-10.3
Pa.....	26,400	1,892,000	71.55	+.7	-.4	+2.1	+.9
P. R. 3/.....	12,900	136,000	10.55	+.6	+.5	+2.1	+20.7
R. I. 3/.....	3,600	262,000	73.10	+.4	+1.8	+8.5	-2.3
S. C.....	9,200	474,000	51.30	+.7	+.9	-1.3	-3.0
S. Dak.....	1,400	89,500	65.55	-.1	-.6	+7.1	+2.8
Tenn.....	19,800	1,295,000	65.40	+1.6	+1.6	+13.6	+12.8
Tex.....	17,500	1,061,000	60.60	+1.6	+1.2	+41.5	+35.1
Utah.....	4,300	244,000	56.50	+1.4	+2.9	+16.6	+7.0
Vt. 3/.....	1,700	143,000	86.15	+2.6	+2.3	+19.7	+22.2
V. I.....	72	2,900	40.95	(4/)	(4/)	(4/)	(4/)
Va.....	7,200	496,000	69.05	+.2	(6/)	+.4	+4.8
Wash.....	10,900	882,000	80.85	+1.6	+1.9	+9.0	+13.7
W. Va.....	6,400	357,000	55.90	+.6	+1.0	+4.4	+7.9
Wis.....	6,000	382,000	63.45	-.2	-6.1	+14.3	+21.2
Wyo.....	840	61,500	72.85	-.1	-.3	0	-.6

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Amount includes $631,000 representing a special grant of $25.00 per person issued quarterly in New York City. The average payment and percentage changes exclude this amount. Including this amount, the average payments would be: Total, $82.45 and New York, $114.45. Including one-third of this amount the average payments would be: Total, $82.85 and New York, $105.70.

3/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.

4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

5/ Data for November; December data not reported.

6/ Decrease of less than 0.05 percent.

Table 6. Aid to families with dependent children: Recipients of money payments and amount of payments, by State, December 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total amount	Average per--		November 1968 in--		December 1967 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/..	1,521,000	6,080,000	4,551,000	4/ $271,782,000	4/ $167.80	4/ $42.00	+2.0	4/ +3.5	+14.5	4/ +21.7
Ala.....	24,300	101,000	80,700	1,556,000	64.10	15.35	+1.7	+2.1	+34.4	+33.1
Alaska.....	1,800	6,300	4,800	297,000	167.55	47.30	+2.5	+2.4	+21.8	+64.5
Ariz.....	10,300	43,400	33,200	1,222,000	118.90	28.15	+.4	+.5	-.3	-1.3
Ark.....	9,800	39,600	30,000	762,000	78.05	19.25	+1.1	+1.1	+2.4	+.7
Calif. 3/....	236,000	901,000	651,000	43,606,000	185.10	48.40	+3.6	+4.8	+17.2	+24.2
Colo. 3/.....	14,800	55,300	42,200	2,207,000	149.50	39.90	+1.3	+1.2	+1.0	+6.9
Conn. 3/.....	18,900	72,700	54,100	4,905,000	259.85	67.45	+2.1	+6.4	+16.6	+44.4
Del. 3/.....	4,500	17,600	13,300	577,000	129.35	32.75	+.9	+1.6	+6.5	+8.8
D. C.....	6,700	29,800	23,700	1,193,000	178.90	40.05	+2.9	+3.2	+18.4	+22.6
Fla.....	44,000	173,000	137,000	3,835,000	87.10	22.20	+1.0	(5/)	+16.7	+69.6
Ga.....	36,100	141,000	108,000	3,463,000	96.00	24.50	+3.7	+3.6	+34.9	+30.4
Guam.....	270	1,400	1,100	61,600	229.90	45.05	+4.0	+25.3	+54.6	+81.6
Hawaii 3/....	5,100	21,100	15,400	993,000	192.95	47.05	+1.2	+1.2	+6.7	+14.7
Idaho.....	3,300	12,200	8,800	577,000	176.35	47.35	+1.9	+2.1	+4.7	+5.5
Ill. 3/.....	70,500	314,000	244,000	14,627,000	207.55	46.55	+1.5	+1.6	+14.4	+19.7
Ind.....	13,400	55,600	41,900	1,795,000	133.75	32.30	+2.6	+1.6	+8.1	+6.9
Iowa.....	14,200	54,900	39,900	2,723,000	192.25	49.65	+2.0	+2.9	+15.1	+15.3
Kans. 3/.....	10,800	43,800	34,000	2,028,000	188.15	46.30	+2.2	-.3	+10.0	+18.1
Ky.....	29,800	116,000	83,700	3,349,000	112.35	28.95	+.9	+1.1	+8.8	+11.6
La.....	37,100	162,000	126,000	3,833,000	103.25	23.60	+.4	+.7	+31.1	+28.7
Maine 3/.....	6,800	25,100	18,400	754,000	110.45	30.00	+3.2	+3.6	+14.7	+15.3
Md. 3/.....	29,200	115,000	88,700	4,572,000	156.50	39.75	+1.2	+.8	+6.9	+9.4
Mass. 3/ 6/..	45,000	164,000	122,000	10,511,000	243.70	67.85	---	---	---	---
Mich. 3/.....	49,600	201,000	151,000	9,400,000	189.35	46.75	+.4	+2.0	+10.1	+15.9
Minn.....	17,600	63,300	48,800	3,516,000	200.35	55.50	+.9	+2.5	+7.4	+11.1
Miss.....	25,400	102,000	84,300	869,000	34.15	8.50	-.2	-.1	+3.1	+4.3
Mo. 3/.....	29,200	120,000	92,200	3,210,000	109.80	26.75	+.9	+.7	+7.5	+15.8
Mont.....	2,800	10,500	8,100	395,000	138.90	37.40	+1.9	+2.9	+9.0	+11.5
Nebr. 3/.....	6,400	25,600	19,600	946,000	147.45	37.00	+.6	+.8	+10.3	+11.6
Nev.....	2,300	8,500	6,500	264,000	117.35	31.05	-1.0	+.4	+15.0	+17.8
N. H.....	1,700	6,700	5,000	299,000	180.65	44.55	+3.9	+3.6	+16.2	+23.2
N. J.....	42,900	170,000	129,000	10,131,000	236.10	59.60	+1.4	+.4	+17.4	+21.7
N. Mex.....	11,100	44,000	33,500	1,351,000	122.25	30.70	+1.0	-.9	+15.0	+14.7
N. Y. 3/.....	248,000	951,000	696,000	4/ 78,088,000	4/ 248.65	4/ 64.75	+2.2	4/ +6.9	+21.0	4/ +28.9
N. C.....	26,900	108,000	81,800	3,014,000	112.20	27.85	+1.7	+2.1	+1.0	+10.5
N. Dak.....	2,500	10,000	7,700	477,000	187.15	47.65	+1.3	+1.1	+6.6	+7.1
Ohio 3/.....	59,500	241,000	180,000	9,173,000	154.10	38.00	+1.3	+1.5	+8.7	+12.9
Okla. 3/.....	23,300	88,800	66,800	3,023,000	129.75	34.00	+1.1	+.4	-1.4	-2.3
Oreg. 3/.....	12,600	46,400	33,000	1,830,000	145.25	39.40	+9.5	+9.9	+11.5	+11.8
Pa. 3/.....	78,800	331,000	242,000	12,495,000	158.60	37.75	+2.8	+1.2	+13.7	+11.3
P. R.....	38,000	189,000	141,000	1,306,000	34.40	6.95	+1.2	-.7	+6.0	+39.6
R. I. 3/.....	8,500	32,600	23,900	1,476,000	173.75	45.25	+1.2	+1.5	+11.5	+12.6
S. C.....	9,200	36,000	28,900	661,000	72.00	18.35	+2.6	+2.4	+29.4	+27.5
S. Dak.....	3,800	14,000	10,500	615,000	162.00	43.85	+1.0	+.6	+4.1	+10.0
Tenn.....	27,500	108,000	83,200	2,820,000	102.40	26.15	+2.0	+2.0	+11.9	+10.8
Tex.....	35,000	160,000	123,000	3,020,000	86.25	18.85	+2.5	+2.5	+32.0	+16.8
Utah 3/.....	7,300	28,400	20,300	1,125,000	153.95	39.60	+3.3	+5.0	+1.6	+12.9
Vt. 3/.....	2,900	10,800	7,700	522,000	180.35	48.30	+2.9	+2.8	+32.2	+44.3
V. I.....	400	1,600	1,300	45,800	113.90	28.85	-1.2	-.8	+.3	+2.4
Va.....	15,600	64,500	49,800	2,054,000	131.35	31.85	+1.7	+2.1	+11.2	+17.7
Wash. 3/.....	20,100	73,900	52,700	3,578,000	178.15	48.40	+7.1	+7.6	+5.5	+12.7
W. Va. 3/....	19,600	87,000	60,900	2,249,000	114.75	25.85	+1.8	+1.1	-9.7	-8.0
Wis. 3/.....	19,600	75,400	56,900	4,207,000	214.95	55.85	+2.0	+4.0	+24.2	+41.0
Wyo.....	1,200	4,500	3,400	174,000	141.85	38.95	+3.3	+4.6	-1.5	+1.3

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

3/ Includes data on unemployed-parent segment; see table 7.

4/ Amount includes $16,542,000 representing a special grant of $25.00 per person issued quarterly in New York City. The average payment and percentage changes exclude this amount. Including this amount the average payments would be: Total, $178.70 and $44.70 and New York $315.45 and $82.10, respectively. Including one-third of this amount the average payments would be: Total, $171.45 and $42.90 and New York $270.90 and $70.50, respectively.

5/ Decrease of less than 0.05 percent.

6/ Data for November; December data not reported.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients of money payments and amount of payments, by State, December 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		November 1968 in--		December 1967 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	61,900	336,000	226,000	3/ $15,989,000	3/ $231.75	3/ $42.70	+10.6	3/ +9.1	-9.5	3/ -1.3
Calif.....	22,100	122,000	80,500	5,258,000	237.70	43.00	+14.1	+19.2	+1.5	+13.1
Colo.....	720	4,200	2,800	173,000	239.00	41.35	+11.0	+7.7	-32.5	-27.4
Conn.....	200	1,100	770	70,300	358.60	61.50	-8.3	-10.1	-63.8	-47.0
Del.....	66	450	330	13,400	203.00	29.50	-9.7	-15.3	-65.4	-66.2
Hawaii.....	280	1,600	1,100	70,900	255.10	43.30	+6.8	+6.4	-33.0	-28.8
Ill.....	3,100	19,000	13,100	852,000	278.35	44.75	+4.1	+5.5	-3.0	+3.3
Kans.....	250	1,500	1,000	45,500	182.60	30.60	+.2	-26.6	-6.5	-17.1
Maine.....	7	34	20	1,100	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Md.....	140	810	530	27,600	193.20	34.05	+23.6	+20.7	-71.5	-70.5
Mass. 5/.....	680	3,700	2,500	220,000	323.35	59.50	---	---	---	---
Mich.....	1,200	7,300	4,900	300,000	255.10	41.30	-.5	-.8	-36.8	-34.7
Mo.....	73	470	320	13,400	183.60	28.65	+12.5	+11.5	(6/)	(6/)
Nebr.....	66	390	280	13,300	201.15	33.95	-1.3	-.2	+7.7	+10.2
N. Y.....	16,700	80,800	57,100	3/ 5,942,000	3/ 256.40	3/ 53.15	+8.8	3/ -.5	-1.2	3/ +4.4
Ohio.....	2,400	14,400	9,600	530,000	217.25	36.90	+4.0	+2.9	-30.4	-22.1
Okla.....	440	2,700	1,800	86,700	195.75	32.25	-7.7	-8.0	-34.5	-35.7
Oreg.....	1,600	8,500	5,500	313,000	192.00	37.00	+44.9	+52.6	-2.5	+1.5
Pa.....	3,200	18,200	11,900	540,000	166.50	29.60	+10.2	+9.5	-4.1	-8.5
R. I.....	220	1,300	870	50,800	235.40	39.50	+8.2	+6.5	-32.4	-28.7
Utah.....	1,100	5,800	3,800	177,000	166.75	30.70	+12.2	+16.1	-26.1	-30.5
Vt.....	32	180	120	8,200	(4/)	45.75	+13.3	+8.6	(6/)	(6/)
Wash.....	1,100	6,200	4,100	253,000	225.00	40.65	+70.8	+82.1	-41.8	-36.0
W. Va.....	5,200	29,800	19,600	777,000	148.90	26.10	+3.9	+3.3	-24.9	-24.1
Wis.....	890	4,900	3,300	253,000	285.80	51.30	+.9	+2.4	+28.2	+44.1

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Amount includes an estimated $1,650,000 representing a special grant of $25.00 per person issued quarterly in New York City. The average payment and percentage changes exclude this amount. Including this amount the average payments would be: Total, $258.45 and $47.65 and New York, $354.95 and $73.55, respectively. Including one-third of this amount the average payments would be: Total, $240.65 and $44.35 and New York, $289.25 and $59.95, respectively.
4/ Average payment not computed on base of fewer than 50 families.
5/ Data for November; December data not reported.
6/ First payments under this program made by Missouri in August 1968; by Vermont in July 1968.

Table 8. Institutional services in intermediate care facilities under old-age assistance, aid to the blind, and aid to the permanently and totally disabled: Recipients of such services and amount of payments, by State, December 1968[1]

State	Total, all programs 2/			Old-age assistance		
	Number of recipients	Payments for recipients		Number of recipients	Payments for recipients	
		Total amount	Average		Total amount	Average
Total.....	11,300	$1,812,000	$160.10	7,800	$1,239,000	$159.20
Kansas.....	3,900	619,000	160.50	2,500	383,000	154.45
Louisiana.....	260	32,200	122.75	220	27,000	122.60
Maine.....	2,300	503,000	215.90	2,200	454,000	210.70
Rhode Island.....	1,000	139,000	135.15	700	91,900	130.50
Utah.....	1,700	243,000	147.45	890	126,000	142.15
Washington.....	2,200	275,000	125.80	1,300	158,000	117.50

1/ All data subject to revision. Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.
2/ Includes a few payments of this type made without Federal participation for recipients of AFDC or GA.

Table 9. General assistance: Recipients of money payments and amount of payments, by State, December 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		November 1968 in--		December 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/.....	391,000	827,000	3/ $40,604,000	3/ $94.45	3/ $44.70	+3.6	3/ +4.0	+5.7	3/ +20.0
Ala.....	100	100	1,400	12.95	12.95	-.9	+.1	(4/)	(4/)
Alaska.....	240	790	16,700	70.30	21.15	+30.3	+50.1	+9.2	+18.9
Ariz.....	1,800	4,600	96,200	54.60	21.05	-16.6	-17.4	-49.5	-6.0
Ark.....	230	820	3,400	14.45	4.10	-5.6	+.9	-18.0	-8.9
Calif.....	37,700	60,700	2,705,000	71.70	44.55	-.2	+12.1	+6.8	+17.3
Colo.....	950	3,000	36,100	38.15	12.05	+13.7	+1.7	=32.7	-26.1
Conn. 5/.....	7,100	21,300	743,000	105.20	34.80	+5.1	+.7	+51.1	+72.2
Del.....	2,100	4,800	127,000	61.15	26.35	+8.3	+6.2	+36.5	+28.5
D. C.....	1,100	1,200	97,000	86.15	78.25	+10.2	+6.7	+12.2	+9.4
Fla. 5/.....	7,800	20,100	238,000	---	---	---	---	---	---
Ga.....	2,100	4,900	79,800	38.45	16.45	-12.6	-1.7	-12.6	+1.2
Guam.....	61	83	3,600	59.85	44.00	(4/)	(4/)	(4/)	(4/)
Hawaii.....	1,700	3,600	195,000	111.70	53.80	+4.9	+1.8	+46.0	+46.8
Ill.....	26,600	57,900	2,770,000	104.15	47.85	+6.8	+11.6	+7.2	+27.4
Iowa 5/.....	3,200	8,300	151,000	---	---	---	---	---	---
Kans.....	2,900	6,000	268,000	90.90	44.80	+2.9	+5.3	+2.8	+12.3
La.....	6,800	7,400	345,000	50.95	46.95	-1.7	-.7	+7.5	+8.2
Maine.....	2,500	8,400	118,000	46.65	14.00	+14.6	+21.6	+12.1	+16.1
Md.....	6,000	7,200	516,000	86.35	71.35	+2.2	+2.9	-10.3	-11.3
Mass. 6/.....	11,000	21,800	1,235,000	112.25	56.75	---	---	---	---
Mich.....	24,100	75,200	2,630,000	109.25	35.00	+1.9	-4.7	+16.2	+13.7
Minn.....	6,400	18,600	648,000	101.55	34.90	+1.7	+2.8	+.5	+20.1
Miss.....	1,300	1,700	24,700	18.35	14.75	+1.1	+4.3	+5.1	+4.2
Mo.....	10,200	12,400	659,000	64.45	53.00	+1.8	+2.3	-.3	+1.8
Mont.....	1,000	2,900	56,800	57.05	19.80	+19.2	+27.6	-64.9	-65.5
N. H.....	800	2,500	58,800	73.85	23.25	+8.5	+19.8	+9.0	+3.7
N. J. 7/.....	13,500	40,200	1,779,000	131.70	44.25	+6.9	+5.5	+4.1	+3.0
N. Mex.....	190	310	8,600	44.85	28.15	-25.5	-9.1	-70.2	-68.1
N. Y.....	108,000	221,000	17,510,000	127.90	62.85	+2.2	+3.6	+25.3	+32.8
N. C.....	1,900	4,400	51,200	27.25	11.70	+12.3	+15.5	+.8	+14.7
N. Dak.....	180	650	9,800	55.90	15.10	-1.1	-2.7	+2.4	-4.8
Ohio.....	25,100	65,800	2,369,000	94.30	36.00	+4.1	+2.5	-25.4	-3.0
Okla.....	1,100	2,700	19,900	18.30	7.50	+16.8	+12.4	---	-69.9
Oreg.....	2,200	5,300	129,000	57.55	24.45	+25.0	+5.2	---	-13.4
Pa.....	35,700	47,200	2,653,000	74.35	56.25	+3.8	+.1	+19.2	+12.9
R. I.....	4,400	12,800	300,000	67.90	23.35	+3.3	-9.8	+42.3	+13.3
S. C.....	880	1,000	34,200	38.65	33.25	+2.1	+2.3	+15.9	-21.3
S. Dak. 6/.....	270	850	9,800	35.75	11.55	---	---	---	---
Tenn.....	1,400	4,000	44,700	31.65	11.10	+1.5	-3.6	+4.3	+60.2
Tex. 5/.....	7,700	(8/)	276,000	---	---	---	---	---	---
Utah.....	1,500	1,700	115,000	78.40	68.20	+11.9	+9.6	+8.8	+8.7
Vt. 5/.....	400	(8/)	12,000	---	---	---	---	---	---
V. I.....	150	160	6,400	43.90	39.80	+.6	+4.2	-6.4	-1.2
Va.....	4,100	7,400	238,000	57.45	32.35	-1.8	+3.8	-.6	+26.0
Wash.....	10,100	20,800	949,000	94.30	46.60	+21.6	+17.6	+27.5	+31.7
W. Va.....	2,100	3,700	100,000	46.65	27.35	+7.9	+3.7	+44.3	+34.4
Wis.....	4,900	14,000	429,000	87.10	30.65	+12.6	+3.0	+7.9	+5.5
Wyo.....	230	770	17,500	75.45	22.65	+18.2	+23.8	-43.7	-36.0

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.

3/ Amount includes $3,635,000 representing a special grant of $25.00 per person issued quarterly in New York City. The average payment and percentage changes exclude this amount. Including this amount the average payments would be: Total, $103.75 and $49.10 and New York, $161.45 and $79.35, respectively. Including one-third of this amount the average payments would be: Total, $97.55 and $46.20 and New York, $139.10 and $68.35, respectively.

4/ Percentage change not computed on base of fewer than 100 recipients.

5/ Estimated.

6/ Data for November; December data not reported.

7/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.

8/ Data not available.

Table 10. Amount of vendor payments for medical care for recipients of public assistance, by program and State, December 1968[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		November 1968	December 1967							
Total	$359,200,000	-4.4	+34.0	$333,830,000	$5,753,000	$8,808,000	$204,000	$3,212,000	$2,507,000	$4,886,000
Ala.	1,617,000	+1.4	+16.7	---	660	1,468,000	6,700	142,000	---	---
Alaska 3/	180,000	+42.9	+17.6	---	---	51,900	1,200	39,000	---	88,200
Ariz.	191,000	-1.5	+34.5	---	1,400	190,000	---	---	---	---
Ark. 3/	1,821,000	+1.4	+4.2	---	398,000	920,000	24,400	380,000	98,900	---
Calif.	52,130,000	-15.3	+20.4	52,130,000	---	---	---	---	---	---
Colo.	2,404,000	-1.6	+14.3	---	4/ 1,389,000	441,000	7,200	258,000	268,000	41,200
Conn.	5,611,000	-.4	+37.9	5,462,000	---	---	---	---	---	149,000
Del.	346,000	+16.9	+63.2	346,000	---	---	---	---	---	---
D. C.	16,000	+56.9	-32.8	13,500	---	---	---	---	---	2,500
Fla. 3/	2,180,000	-3.1	+10.3	---	---	1,692,000	19,300	291,000	178,000	---
Ga.	4,100,000	-2.3	+29.1	4,100,000	---	---	---	---	---	---
Guam	28,300	+13.2	+298.6	27,900	---	---	---	---	---	390
Hawaii	1,007,000	+15.0	+16.8	928,000	---	---	---	---	---	79,200
Idaho	535,000	-15.5	+4.1	535,000	---	---	---	---	---	---
Ill.	14,311,000	-18.6	+17.3	13,143,000	---	---	---	---	---	1,168,000
Ind.	3,124,000	+3.0	+29.5	---	491,000	1,420,000	88,300	564,000	561,000	---
Iowa	2,327,000	-23.5	+323.1	2,228,000	---	---	---	---	---	99,000
Kans.	3,462,000	+13.4	+118.7	3,462,000	---	---	---	---	---	---
Ky.	3,153,000	-15.2	-10.8	3,153,000	---	---	---	---	---	---
La.	3,818,000	-8.8	+17.1	3,739,000	---	---	---	---	---	79,300
Maine	854,000	+47.8	-13.5	779,000	---	---	---	---	---	75,300
Md.	5,962,000	+14.4	+37.0	5,962,000	---	---	---	---	---	---
Mass. 5/	22,775,000	---	---	22,402,000	---	---	---	---	---	373,000
Mich.	16,695,000	+9.2	+27.9	16,554,000	---	---	---	---	---	141,000
Minn.	8,194,000	-3.5	+26.4	7,908,000	---	---	---	---	---	286,000
Miss.	410,000	+2.5	+41.9	---	---	351,000	3,800	54,800	---	---
Mo.	4,694,000	+19.1	+439.5	4,694,000	---	---	---	---	---	---
Mont.	877,000	-11.8	+15.9	661,000	---	---	---	---	---	216,000
Nebr.	2,062,000	+5.6	+16.6	2,062,000	---	---	---	---	---	---
Nev.	598,000	-2.6	+63.4	598,000	---	---	---	---	---	---
N. H. 5/	390,000	---	---	390,000	---	---	---	---	---	---
N. J.	4,680,000	-.2	+9.0	---	4/ 3,068,000	219,000	16,900	419,000	676,000	281,000
N. Mex. 5/	1,316,000	---	---	1,292,000	---	---	---	---	---	24,400
N. Y.	106,924,000	-7.2	+42.6	106,924,000	---	---	---	---	---	---
N. C. 3/	1,792,000	+3.5	+11.7	---	158,000	298,000	17,200	725,000	516,000	78,000
N. Dak.	881,000	+6.0	-2.8	874,000	---	---	---	---	---	6,600
Ohio	8,892,000	-5.1	+24.4	7,631,000	---	---	---	---	---	1,261,000
Okla.	7,805,000	+9.8	+54.3	7,805,000	---	---	---	---	---	---
Oreg.	1,679,000	-4.9	+20.5	1,599,000	---	---	---	---	---	79,900
Pa.	17,361,000	+8.8	+44.4	17,361,000	---	---	---	---	---	---
P. R.	3,120,000	-.1	+3.0	3,120,000	---	---	---	---	---	---
R. I.	1,658,000	-26.0	-24.5	1,514,000	---	---	---	---	---	6/ 144,000
S. C.	1,637,000	-2.7	+106.7	1,592,000	---	---	---	---	---	45,100
S. Dak.	895,000	+7.7	+47.9	895,000	---	---	---	---	---	---
Tenn.	1,560,000	+1.2	+18.5	---	176,000	1,188,000	3,600	109,000	83,900	---
Tex.	12,535,000	+11.6	+32.3	12,535,000	---	---	---	---	---	---
Utah	1,189,000	+64.0	+56.0	1,188,000	---	---	---	---	---	900
Vt.	862,000	+6.4	+84.2	862,000	---	---	---	---	---	---
V. I. 5/	71,900	---	---	71,900	---	---	---	---	---	---
Va.	1,064,000	+4.1	+26.1	---	70,800	569,000	15,000	230,000	125,000	53,700
Wash.	5,203,000	+9.3	+44.3	5,203,000	---	---	---	---	---	---
W. Va.	1,073,000	+41.4	+80.9	1,009,000	---	---	---	---	---	64,300
Wis.	11,012,000	-5.6	+48.9	11,012,000	---	---	---	---	---	---
Wyo.	114,000	-37.4	-22.4	64,300	---	---	---	---	---	49,500

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting.
3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
4/ Excludes small amount of money payments not subject to Federal participation.
5/ Data for December not reported; data represent amount reported for a previous month.
6/ Estimated.

Table 11. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, December 1968[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total	$354,314,000	$335,485,000	$18,828,000
Title XIX States	333,830,000	318,701,000	15,129,000
Other States	20,484,000	16,785,000	3,699,000
	Title XIX States		
Calif	52,130,000	50,945,000	1,185,000
Conn	5,462,000	5,425,000	36,600
Del	346,000	337,000	9,100
D. C	13,500	13,500	---
Ga	4,100,000	3,697,000	403,000
Guam	27,900	27,900	---
Hawaii	928,000	928,000	---
Idaho	535,000	514,000	21,300
Ill	13,143,000	12,970,000	173,000
Iowa	2,228,000	2,136,000	91,900
Kans	3,462,000	3,369,000	92,400
Ky	3,153,000	2,897,000	256,000
La	3,739,000	3,739,000	---
Maine	779,000	732,000	47,400
Md	5,962,000	5,962,000	---
Mass. 3/	22,402,000	22,291,000	111,000
Mich	16,554,000	16,396,000	158,000
Minn	7,908,000	7,810,000	98,700
Mo	4,694,000	4,321,000	373,000
Mont	661,000	646,000	15,300
Nebr	2,062,000	2,007,000	55,000
Nev	598,000	598,000	---
N. H. 3/	390,000	372,000	17,800
N. Mex. 3/	1,292,000	1,292,000	---
N. Y	106,924,000	106,694,000	230,000
N. Dak	874,000	822,000	2/ 52,200
Ohio	7,631,000	7,631,000	---
Okla	7,805,000	1,902,000	2/ 5,903,000
Oreg	1,599,000	1,599,000	---
Pa	17,361,000	16,993,000	368,000
P. R	3,120,000	3,120,000	---
R. I	1,514,000	1,497,000	17,100
S. C	1,592,000	1,405,000	187,000
S. Dak	895,000	874,000	21,000
Tex	12,535,000	7,545,000	2/ 4,990,000
Utah	1,188,000	1,168,000	20,000
Vt	862,000	845,000	16,500
V. I	71,900	71,900	---
Wash	5,203,000	5,051,000	2/ 152,000
W. Va	1,009,000	1,009,000	---
Wis	11,012,000	10,985,000	27,100
Wyo	64,300	64,300	---
	Other States		
Ala	1,617,000	1,617,000	---
Alaska	92,100	92,100	---
Ariz	192,000	148,000	43,500
Ark	1,822,000	1,574,000	248,000
Colo	2,363,000	1,958,000	2/ 405,000
Fla	2,180,000	1,894,000	286,000
Ind	3,125,000	2,870,000	2/ 255,000
Miss	410,000	410,000	---
N. J	4,399,000	4,338,000	61,700
N. C	1,714,000	798,000	2/ 916,000
Tenn	1,561,000	179,000	2/ 1,382,000
Va	1,009,000	907,000	2/ 102,000

1/ All data subject to revision.

2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$916,000; Oklahoma-$5,594,000; Tennessee-$197,000; and premium payments to health-insuring agencies by Colorado-$264,000; Indiana-$179,000; North Dakota-$33,600; Texas-$4,068,000; Virginia-$58,800; and Washington-$10,200.

3/ Data for December not reported; data represent amount reported for a previous month.

Table 12. General assistance: Recipients of money payments and amount of payments for selected cities, December 1968

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		November 1968 in--		December 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 17 cities 1/...	186,000	341,000	2/$23,587,000	2/ $107.45	2/ $58.45	+1.5	2/ +4.1	+18.3	2/ +27.0
Baltimore.....	5,000	6,000	434,000	87.10	72.10	+1.2	+.1	-12.3	-13.5
Boston 3/ 4/.....	4,400	6,000	555,000	127.05	92.25	---	---	---	---
Buffalo.....	4,200	6,100	462,000	109.30	75.65	+2.2	+1.8	+7.3	+11.4
Chicago.....	17,600	34,900	2,173,000	123.45	62.20	+2.6	+10.7	+12.9	+34.7
Cincinnati 3/ 5/.....	4,800	15,600	372,000	77.05	23.85	+5.5	+5.8	-12.3	-10.7
Cleveland 3/ 5/.....	7,600	19,400	720,000	95.20	37.10	(6/)	+8.0	(7/)	(7/)
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	1,100	1,200	97,000	86.15	78.25	+10.2	+6.7	+12.2	+9.4
Los Angeles 3/.....	19,600	33,800	1,271,000	64.80	37.55	-3.1	+19.6	+1.3	+4.1
Milwaukee 3/ 4/.....	3,000	6,800	292,000	96.60	42.70	---	---	---	---
Minneapolis.....	1,600	3,500	158,000	96.25	45.50	-2.0	-.9	+5.1	+20.0
New Orleans.....	1,100	1,200	60,700	54.40	50.35	-.2	+.7	+17.3	+18.2
New York.....	85,400	167,000	2/ 14,691,000	2/ 129.45	2/ 66.35	+1.9	2/ +3.2	+30.1	2/ +35.0
Philadelphia.....	12,000	17,200	946,000	78.55	54.85	+2.2	-2.9	+29.8	+24.0
Pittsburgh.....	8,700	10,300	680,000	77.90	65.75	+4.4	+1.6	+13.8	+7.4
Rochester.....	1,000	2,500	107,000	106.80	42.90	+4.2	-.8	+7.8	+38.7
St. Louis.....	2,000	2,200	125,000	64.00	56.80	-.6	+1.5	+2.1	+5.9
San Francisco.....	6,500	7,800	443,000	68.25	56.80	+4.4	-4.0	+52.2	+50.9

1/ Data not reported for Detroit. Percentage changes based on comparable data.
2/ Amount includes $3,635,000 representing a special grant of $25.00 per person issued quarterly in New York City. The average payments and percentage changes exclude this amount. Including this amount the average payments would be: Totals, $127.00 and $69.10 and New York City, $172.05 and $88.15, respectively. Including one-third of this amount the average payments would be: Total, $110.10 and $59.90 and New York, $143.65 and $73.60, respectively.
3/ Data for county in which city is located.
4/ Data for November; December data not reported.
5/ Includes supplementation of categorical cases; not included in State data.
6/ Increase of less than 0.05 percent.
7/ Data not reported in December 1967.

Table 13. Old-age, survivors, disability, and health insurance, summary benefit data, December 1968[1]

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	259,048	---	24,562,029	---	$2,062,656	$2,135,617
Retired workers and dependents	118,137	---	15,588,170	---	1,383,388	1,397,307
Retired workers	83,645	$105.05	12,421,371	$98.86	1,227,930	1,233,385
Wives and husbands 2/	21,841	48.87	2,645,521	51.21	135,484	142,137
Children 3/	12,651	42.41	521,278	38.32	19,974	21,785
Disabled workers and dependents	53,823	---	2,335,481	---	181,971	201,172
Disabled workers	24,858	115.81	1,295,428	111.86	144,909	158,895
Wives and husbands 2/	6,625	39.06	253,234	38.26	9,688	11,142
Children 3/	22,340	34.95	786,819	34.79	27,374	31,135
Survivors of deceased workers	83,310	---	5,962,669	---	470,807	510,214
Widowed mothers	8,203	75.64	504,956	74.93	37,835	41,223
Children 3/	47,735	69.45	2,488,121	70.84	176,252	193,055
Widows and widowers 4/	27,224	88.97	2,937,996	86.43	253,933	272,875
Parents	148	98.22	31,596	88.22	2,787	3,061
Persons with special age-72 benefits 5/	3,778	---	675,709	---	26,489	26,924
Primary	3,655	---	656,193	39.77	26,099	26,527
Wives	123	---	19,516	19.96	390	397
Lump-sum death payments 6/	89,361	233.69	---	---	---	20,135

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.

2/ Includes wives under age 65 with entitled children in their care; a total of 381,000 such wives of retired and disabled workers were in current-payment status.

3/ Includes disabled persons aged 18 and over whose disability began before age 18.

4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments and disabled widows and widowers aged 50-61 entitled under the 1967 amendments.

5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.

6/ Number of lump-sum payments shown were paid on the accounts of 86,161 deceased workers; the average amount represents average per deceased worker.

Table 1. Recent changes in public assistance: Recipients, and money payments per recipient, January 1969 compared with earlier months

(January 1969 tables)

Program	Two years ago Jan. 1967	One year ago Jan. 1968	Last month Dec. 1968	This month Jan. 1969
RECIPIENTS:				
Old-Age Assistance	2,068,000	2,070,000	2,028,000	2,024,000
Aid to the Blind	83,500	82,500	80,700	80,500
Aid to the Permanently and Totally Disabled	590,000	651,000	703,000	711,000
Aid to Families with Dependent Children: Families	1,144,000	1,327,000	1,522,000	1,554,000
Persons	4,748,000	5,442,000	6,086,000	6,215,000
Children	3,582,000	4,080,000	4,555,000	4,646,000
General Assistance:				
Cases	312,000	365,000	392,000	402,000
Persons	690,000	817,000	827,000	850,000
ASSISTANCE PAYMENTS (In 000's):				
Total	$568,727	$760,781	$882,942	$900,848
Maintenance Assistance:				
Total	389,367	454,739	523,536	519,060
Old-Age Assistance	140,202	145,603	142,193	141,219
Aid to the Blind	7,217	7,505	7,485	7,487
Aid to the Permanently and Totally Disabled	44,131	52,689	58,680	59,322
Aid to Families with Dependent Children	172,937	216,307	272,460	266,707
General Assistance	24,880	32,635	40,635	38,431
Payments to intermediate care facilities	---	---	2,083	5,894
Medical Assistance:				
Total	179,360	306,042	359,406	381,788
Medical Assistance	148,367	282,784	333,830	357,408
Medical Assistance for Aged	5,206	5,508	5,753	4,315
Other Federally-Aided	20,517	13,675	14,731	13,844
General Assistance	5,270	4,075	5,092	6,221
MONEY PAYMENTS PER RECIPIENT:				
Old-Age Assistance	$67.80	$70.35	$69.55	$69.75
Aid to the Blind	86.40	90.95	92.15	93.00
Aid to the Permanently and Totally Disabled	74.80	81.00	82.60	83.50
Aid to Families with Dependent Children:				
Average per family	151.10	162.95	168.15	171.60
Average per person	36.40	39.75	42.05	42.90
General Assistance:				
Average per case	79.65	89.50	94.45	95.55
Average per person	36.05	39.95	44.75	45.25

Table 2. Amount of public assistance payments in the United States, by month, January 1968-January 1969[1]

Year and month	Total	Maintenance assistance								Medical assistance 2/					
		Total	Money payments to recipients 3/						Payments to intermediate care facilities 5/	Total	Federally aided programs				
			Federally aided programs					General assistance 4/			Total	Medical assistance (Title XIX)	Medical assistance for the aged (Titles I and XVI)	Other 6/	General assistance 4/
			Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children								
	Amount of assistance (In thousands)														
1968															
January	$760,781	$454,739	$422,104	$145,603	$7,505	$52,689	$216,307	$32,635	---	$306,042	$301,967	$282,784	$5,508	$13,675	$4,075
February	742,835	455,226	423,011	144,748	7,436	52,828	217,999	32,215	---	287,609	282,608	263,304	5,460	13,844	5,001
March	774,529	455,621	422,857	140,385	7,374	52,696	222,402	32,764	---	318,908	314,769	295,218	5,388	14,163	4,139
April	844,178	457,290	424,484	136,733	7,345	53,313	227,093	32,806	---	386,888	381,757	362,115	5,332	14,310	5,131
May	797,734	461,177	427,896	136,661	7,375	53,802	230,058	33,281	---	336,557	331,506	311,237	5,675	14,594	5,051
June	815,718	466,061	433,121	136,756	7,388	54,301	234,676	32,940	---	349,657	344,890	324,609	5,480	14,801	4,767
July	802,207	473,762	438,206	138,160	7,411	55,125	237,510	35,237	$319	328,445	323,624	303,900	5,961	13,763	4,821
August 7/	841,629	500,809	459,891	139,306	7,437	56,146	257,002	39,682	1,236	340,820	335,782	315,866	5,381	14,535	5,038
September	821,803	480,156	440,993	138,091	7,364	55,592	239,946	37,342	1,821	341,647	336,215	316,508	5,525	14,182	5,432
October	859,085	488,902	450,667	139,332	7,396	56,699	247,240	36,250	1,985	370,183	365,226	345,064	5,678	14,484	4,957
November	862,545	486,979	449,388	138,683	7,369	56,732	246,604	35,558	2,033	375,566	370,196	349,902	5,722	14,572	5,370
December 7/	880,005	523,536	480,818	142,193	7,485	58,680	272,460	40,635	2,083	356,469	351,377	330,893	5,753	14,731	5,092
1969															
January	900,848	519,060	474,735	141,219	7,487	59,322	266,707	38,431	5,894	381,788	375,567	357,408	4,315	13,844	6,221
	Percentage change from preceding month														
1968															
January	+6.6	+2.1	+1.8	+0.1	+0.4	+1.2	+3.1	+5.8	---	+14.2	+14.7	+15.5	+12.0	+0.7	-13.1
February	-2.4	+.1	+.2	-.6	-.9	+.3	+.8	-1.3	----	-6.0	-6.4	-6.9	-.9	+1.2	+22.7
March	+4.3	+.1	(8/)	-3.0	-.8	-.3	+2.0	+1.7	---	+10.9	+11.4	+12.1	-1.3	+2.3	-17.2
April	+9.0	+.4	+.4	-2.6	-.4	+1.2	+2.1	+.1	---	+21.3	+21.3	+22.7	+1.0	+1.0	+24.0
May	-5.5	+.8	+.8	-.1	+.4	+.9	+1.3	+1.4	---	-13.0	-13.2	-14.1	+6.4	+2.0	-1.6
June	+2.3	+1.1	+1.2	+.1	+.2	+.9	+2.0	-1.1	---	+3.9	+4.0	+4.3	-3.4	+1.4	-5.6
July	-1.7	+1.7	+1.1	+.8	+.3	+1.5	+1.2	+6.9	---	-6.1	-6.2	-6.4	+8.8	-7.0	+1.1
August 7/	+2.5	+1.4	+1.0	(9/)	-.3	+.7	+1.7	+3.1	+287.7	+3.8	+3.8	+3.9	-9.7	+5.6	+4.5
September	+.1	(8/)	-.4	-.1	-.3	+.1	-.7	+2.8	+47.3	+.2	+.1	+.2	+2.7	-2.4	+7.8
October	+4.5	+1.8	+2.2	+.9	+.4	+2.0	+3.0	-2.9	+9.0	+8.4	+8.6	+9.0	+2.8	+2.1	-8.7
November	+.4	-.4	-.3	-.2	-.4	+.1	-.3	-1.5	+2.4	+1.5	+1.4	+1.4	++.8	+.6	+6.2
December 7/	-.5	+3.0	+2.9	+1.6	+.9	+2.3	+3.5	+4.0	+2.5	-4.3	-4.3	-4.6	+.5	+1.1	-7.2
1969															
January	+5.0	+3.5	+2.7	+.1	+.7	+2.2	+4.2	+3.9	+183.0	+6.2	+6.0	+7.1	-25.0	-6.0	+22.2
	Percentage change from same month of preceding year														
1969															
January	+18.4	+14.1	+12.5	-3.0	-.2	+12.6	+23.3	+17.8	---	+24.8	+24.4	+26.4	-21.7	+1.2	+52.7

1/ All data subject to revision.
2/ Amounts represent primarily bills paid to medical vendors during the month and therefore are subject to fluctuations unrelated to provisions of medical services.
3/ Includes nonmedical vendor payments other than those for institutional services in intermediate care facilities.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.
5/ Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.
6/ Data represent payments to medical vendors under maintenance assistance programs operated under State plans approved under titles I, IV, X, XIV, or XVI.
7/ Amounts for money payments include a special grant of $25.00 per person (aggregating $20,500,000 in August and $22,002,000 in December) issued quarterly in New York City. Percentage changes based on data excluding these amounts.
8/ Decrease of less than 0.05 percent.
9/ Increase of less than 0.05 percent.

2/ Increase of less than 0.05 percent.

Table 3. Number of recipients of public assistance maintenance payments in the United States, by month, January 1968-January 1969[1]

Year and month	Recipients of money payments 2/										Recipients of institutional services in intermediate care facilities 3/
	Federally aided programs								General assistance 4/		
	Total	Adult programs			Aid to families with dependent children						
		Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Families	Total recipients 5/	Children	Cases	Recipients	
	Number of recipients (In thousands)										
1968											
January	8,245	2,804	2,070	82.5	651	1,327	5,442	4,080	365	817	---
February	8,316	2,796	2,060	82.3	654	1,346	5,520	4,132	363	798	---
March	8,369	2,782	2,044	81.7	656	1,365	5,587	4,180	365	792	---
April	8,381	2,769	2,028	81.4	660	1,374	5,612	4,203	360	762	---
May	8,385	2,770	2,023	81.2	666	1,380	5,615	4,209	358	749	---
June	8,379	2,770	2,019	81.2	670	1,383	5,609	4,207	353	737	---
July	8,410	2,774	2,019	81.0	674	1,397	5,636	4,229	367	768	2.6
August	8,490	2,783	2,022	81.0	680	1,420	5,707	4,275	375	784	7.6
September	8,587	2,786	2,021	81.1	684	1,443	5,801	4,351	383	837	12.3
October	8,680	2,798	2,026	81.1	691	1,471	5,882	4,408	382	800	12.7
November	8,763	2,804	2,026	81.0	697	1,490	5,959	4,465	382	798	13.0
December	8,898	2,812	2,028	80.7	703	1,522	6,086	4,555	391	827	13.6
1969											
January	9,030	2,816	2,024	80.5	711	1,554	6,215	4,646	402	850	6/ 18.1
	Percentage change from preceding month										
1968											
January	+1.6	+0.1	-0.1	-0.2	+0.7	+2.2	+2.4	+2.2	+3.7	+4.5	---
February	+.9	-.3	-.5	-.3	+.6	+1.5	+1.6	+1.4	-.3	-2.3	---
March	+.6	-.5	-.8	-.8	+.4	+1.4	+1.2	+1.2	+.6	-.7	---
April	+.1	-.5	-.8	-.4	+.5	+.7	+.4	+.5	-1.5	-3.8	---
May	(7/)	(7/)	-.3	-.2	+.9	+.4	+.1	+.1	-.3	-1.7	---
June	-.1	0	-.2	0	+.6	+.2	-.1	(8/)	-.8	-1.6	---
July	+.3	+.2	0	-.2	+.6	+1.0	+.4	+.5	+3.8	+4.8	---
August	+.9	+.3	+.1	0	+.9	+1.6	+1.2	+1.1	+2.2	+2.1	+194.6
September	+1.1	+.1	(8/)	(7/)	+.6	+1.7	+1.7	+1.8	+2.1	+6.8	+61.3
October	+1.1	+.4	+.2	0	+1.0	+1.9	+1.4	+1.3	-.3	-4.4	+3.4
November	+1.0	+.2	(8/)	(8/)	+.8	+1.3	+1.3	+1.3	0	-.2	+2.4
December	+1.5	+.3	+.1	-.4	+.9	+2.0	+2.1	+2.0	+2.6	+3.6	+4.8
1969											
January	+1.5	+.1	-.2	-.3	+1.1	+2.1	+2.1	+2.0	+2.7	+2.7	+32.8
	Percentage change from same month of preceding year										
1969											
January	+9.5	+.4	-2.2	-2.5	+9.2	+17.1	+14.2	+13.9	+10.4	+4.0	---

1/ All data subject to revision.
2/ Includes recipients of nonmedical vendor payments other than those for institutional services in intermediate care facilities.
3/ Includes recipients of OAA, AB, or APTD for whom such payments are subject to Federal financial participation under approved State plans under titles, I, X, XIV, or XVI and a few AFDC or GA recipients for whom such payments are made without Federal participation.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.
5/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
6/ Does not include Illinois; date not available.
7/ Increase of less than 0.05 percent.
8/ Decrease of less than 0.05 percent.

Table 4. Old-age assistance: Recipients of money payments and amount of payments, by State, January 1969[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	December 1968 in--		January 1968 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,024,000	$141,219,000	$69.75	-0.2	+0.1	-2.2	-3.0
Ala.....	114,000	7,054,000	62.05	-.1	-.2	-.8	-2.2
Alaska 3/ 4/.....	1,400	122,000	85.25	---	---	---	---
Ariz.....	11,800	661,000	55.85	-.3	-.5	-7.4	-3.6
Ark. 3/.....	61,100	3,310,000	54.20	-.3	-.5	-5.2	-14.4
Calif.....	302,000	31,948,000	105.65	+.3	+.5	+3.2	+3.4
Colo. 2/.....	38,500	2,963,000	77.05	+.1	-2.1	-4.8	-9.3
Conn.....	7,600	674,000	88.85	-.5	-1.2	+3.7	+13.8
Del.....	1,900	110,000	59.30	0	-.1	+2.1	-5.9
D. C.....	2,400	177,000	72.50	-.9	-1.1	+6.6	+5.1
Fla. 3/.....	70,000	3,401,000	48.60	-.4	-1.1	-5.2	-7.9
Ga. 3/.....	89,800	4,609,000	51.30	-.1	-.2	-2.6	-3.8
Guam.....	270	14,000	51.30	+4.2	-2.9	+34.5	+23.2
Hawaii 3/.....	2,000	174,000	89.30	+.3	-.6	+6.4	+19.6
Idaho.....	3,300	212,000	63.80	-1.1	-1.0	-9.1	-14.0
Ill. 3/.....	37,500	2,508,000	66.90	-.4	+1.6	-4.3	-.6
Ind.....	17,100	806,000	47.05	-.6	-.3	-10.6	-12.3
Iowa.....	22,700	2,363,000	104.10	-.7	-1.1	-6.8	-6.7
Kans. 3/.....	13,100	799,000	60.85	-1.0	-2.2	-23.3	-46.0
Ky. 3/.....	63,300	3,402,000	53.70	+1.0	+1.3	+3.4	-1.5
La.....	122,000	8,450,000	69.40	+.2	+.2	-2.2	-7.4
Maine 3/.....	10,100	587,000	57.85	+.1	+2.0	-1.1	+7.1
Md. 3/.....	8,300	572,000	68.80	+4.4	+16.7	+4.8	+17.1
Mass.....	48,300	4,310,000	89.30	-1.9	-.4	-1.5	+8.0
Mich.....	37,600	2,641,000	70.30	-.3	-.6	-5.4	-4.0
Minn.....	23,000	1,482,000	64.40	-.7	-.1	-9.0	-10.9
Miss.....	70,100	2,505,000	35.75	-.3	-.4	-7.4	-13.8
Mo.....	90,800	6,564,000	72.25	-.4	-.4	-3.3	-2.8
Mont.....	3,600	230,000	63.30	-1.2	-1.2	-7.1	-9.3
Nebr. 3/.....	8,100	464,000	57.60	-.7	-.6	-6.9	-9.2
Nev.....	2,600	197,000	75.00	-.2	(5/)	+2.7	+5.6
N. H.....	4,200	485,000	115.15	-.1	-1.0	+.7	+6.6
N. J.....	14,300	1,060,000	74.00	+.8	+1.4	+.6	-1.7
N. Mex. 3/.....	9,700	520,000	53.75	+.1	-.1	-1.0	-6.4
N. Y. 3/.....	82,100	7,841,000	95.55	+.8	-1.0	+9.6	+8.8
N. C. 3/.....	37,700	2,587,000	68.70	-.2	(6/)	-4.5	+2.3
N. Dak. 3/.....	4,000	319,000	79.20	+1.0	+1.5	-5.3	-9.3
Ohio.....	60,600	3,617,000	59.65	-.9	-.8	-6.7	-13.7
Okla. 3/.....	76,400	5,415,000	70.85	-.5	-.7	-4.0	-8.0
Oreg.....	7,300	394,000	53.85	-9.2	-1.6	-21.2	-29.5
Pa.....	43,400	3,464,000	79.75	+.8	+15.7	-2.5	+3.6
P. R. 3/.....	21,400	225,000	10.45	-.5	-.5	-7.0	+6.6
R. I. 3/.....	4,200	191,000	45.30	+.4	+4.4	-4.0	-29.3
S. C.....	19,300	870,000	44.95	-.2	-.3	-12.1	-11.4
S. Dak.....	4,700	286,000	61.05	-1.4	-2.2	-8.1	-14.7
Tenn.....	49,300	2,473,000	50.15	-.1	-.2	-2.5	-6.0
Tex.....	228,000	13,511,000	59.25	-.9	-2.1	-1.0	-4.9
Utah.....	4,400	194,000	44.30	-1.1	-.2	-1.2	-24.0
Vt. 3/.....	4,200	297,000	70.00	-.4	-.2	-1.1	-3.9
V. I.....	380	14,500	38.45	0	-.7	-3.1	-1.4
Va.....	10,900	628,000	57.80	-.4	-.9	-3.8	-.4
Wash.....	23,400	1,462,000	62.45	-.4	-1.1	-9.4	-16.9
W. Va.....	11,200	735,000	65.50	-.2	+.4	-5.5	+4.3
Wis.....	16,600	1,165,000	70.15	+2.5	+11.2	-.9	+7.6
Wyo.....	2,000	156,000	78.75	-.2	-.6	-7.6	-8.6

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes 3,600 recipients aged 60-64 in Colorado and payments of $319,000 to these recipients. Such payments were made without Federal participation.
3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Data for December; January data not reported.
5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 5. Aid to the blind: Recipients of money payments and amount of payments, by State, January 1969[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	December 1968 in--		January 1968 in--	
				Number	Amount	Number	Amount
Total 2/ 3/...	80,500	$7,487,000	$93.00	-0.3	+0.7	-2.5	-0.2
Ala.....	1,900	134,000	70.20	+.3	+.3	+2.0	+1.6
Alaska 4/ 5/.....	96	11,300	118.05	---	---	---	---
Ariz.....	590	42,600	72.00	-1.5	-1.5	-11.8	-10.4
Ark. 4/.....	1,800	124,000	67.95	-.4	-.4	-5.3	-9.1
Calif. 2/.....	12,700	1,818,000	143.55	+.1	-.4	+.7	+4.2
Colo.....	200	15,500	78.85	-4.4	+2.5	-6.2	+5.0
Conn.....	230	21,600	90.40	-.4	-4.5	-8.4	-1.9
Del.....	350	31,500	89.10	-1.7	-2.3	-.3	+1.0
D. C.....	200	16,900	85.15	+2.6	+3.6	+5.3	+1.3
Fla. 4/.....	2,400	153,000	64.10	-.1	-.3	-4.2	-3.8
Ga. 4/.....	3,200	198,000	62.30	+.2	+.2	+.3	+.8
Guam.....	6	330	(6/)	(6/)	(6/)	(6/)	(6/)
Hawaii 4/.....	68	8,100	119.50	(6/)	(6/)	(6/)	(6/)
Idaho.....	110	8,400	79.35	+1.0	+2.2	-3.6	-2.6
Ill. 4/.....	1,700	148,000	84.80	-.7	-.5	-5.7	-1.7
Ind.....	1,400	92,600	64.90	-.3	-.3	-6.3	-6.9
Iowa.....	1,000	114,000	111.00	-.1	+.6	-3.4	-1.6
Kans. 4/.....	370	25,300	69.05	-.5	-3.6	-10.4	-31.2
Ky. 4/.....	2,200	158,000	70.25	-5.0	-5.2	-13.6	-13.8
La.....	2,400	187,000	76.35	+.9	+1.4	-3.2	-4.7
Maine 4/.....	220	17,100	79.75	+1.9	+4.0	-2.3	+5.9
Md. 4/.....	340	29,600	85.95	+.3	+1.7	-.9	+2.0
Mass.....	2,700	374,000	139.30	+.1	+17.2	+11.8	+27.6
Mich.....	1,400	128,000	91.05	-.4	-1.1	-4.2	+1.4
Minn.....	810	66,200	81.40	+.6	-.3	-1.1	-.5
Miss.....	2,200	100,000	44.65	-.1	-.2	-7.3	-.9
Mo. 2/.....	3,900	335,000	86.70	-.6	-.5	-1.1	-.7
Mont.....	160	13,300	81.15	-1.2	-2.0	-6.8	-4.2
Nebr. 4/.....	350	30,400	86.70	+1.2	+1.5	-2.8	+1.0
Nev.....	170	16,200	96.70	+1.2	-.2	+6.4	+14.0
N. H.....	230	26,400	115.35	-1.7	-.8	-5.8	+2.0
N. J.....	910	84,000	92.00	+2.0	+2.4	+1.9	+5.2
N. Mex. 4/.....	370	27,300	73.45	-.8	-.6	+.5	-2.1
N. Y. 4/.....	3,300	394,000	119.70	+.2	+2.4	+3.0	+6.4
N. C. 4/.....	4,600	377,000	81.45	+.1	+.3	-1.4	+5.3
N. Dak. 4/.....	85	7,600	89.80	(6/)	(6/)	(6/)	(6/)
Ohio.....	2,800	203,000	72.50	-.5	(7/)	-3.6	-3.8
Okla. 4/.....	1,400	144,000	102.75	-1.1	-1.5	-7.1	-8.2
Oreg.....	480	42,600	87.80	-7.6	-1.8	-5.3	-7.1
Pa. 3/.....	9,100	981,000	107.45	-.4	+.1	-6.0	-8.2
P. R.....	770	8,000	10.45	-.6	-.3	-10.8	+1.1
R. I. 4/.....	110	7,800	68.95	0	+3.1	-5.0	-16.9
S. C.....	1,900	108,000	57.85	+.4	+.4	-2.6	-3.8
S. Dak.....	110	9,900	86.40	-.9	-.4	+3.6	+.2
Tenn.....	1,800	120,000	66.60	-.3	-.7	-1.0	-3.2
Tex.....	4,100	299,000	72.00	+.3	-.3	-1.7	-4.7
Utah.....	140	8,200	58.70	0	+3.3	+2.9	-5.7
Vt. 4/.....	110	9,700	89.65	-.9	-1.2	-1.8	+3.1
V. I.....	8	350	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,100	82,400	76.55	-.1	-.4	-2.3	(8/)
Wash.....	470	40,200	86.35	-.9	-2.1	-6.0	-5.9
W. Va.....	580	34,500	59.00	0	+.5	-6.1	-.9
Wis.....	610	51,700	85.20	+.8	+7.9	+1.3	+4.5
Wyo.....	39	3,000	(6/)	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $35,000 to 190 recipients and Missouri, $59,500 to 670 recipients.
3/ Does not include $588,000 to an estimated 7,800 recipients under State blind pension program in Pennsylvania administered under State Law without Federal participation.
4/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Data for December; January data not reported.
6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
7/ Decrease less than 0.05 percent.
8/ Increase of less than 0.05 percent.

Table 6. Aid to permanently and totally disabled: Recipients of money payments and amount of payments, by State, January 1969[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	December 1968 in--		January 1968 in--	
				Number	Amount	Number	Amount
Total.....	711,000	$59,322,000	$83.50	+1.1	+2.2	+9.2	+12.6
Ala.....	16,500	824,000	49.85	+.6	+.6	+5.3	+5.2
Alaska 2/ 3/.	550	62,200	112.90	---	---	---	---
Ariz.....	6,100	399,000	65.50	-.1	-.3	+1.2	+.1
Ark. 2/.....	11,300	687,000	60.90	-.5	-.7	-2.3	-7.0
Calif.....	137,000	16,692,000	121.95	+1.9	+1.5	+14.1	+16.3
Colo.....	7,300	524,000	71.70	-4.3	+.6	+3.2	+14.4
Conn.....	5,600	618,000	109.45	+1.0	-.1	+13.9	+29.2
Del.....	1,200	112,000	94.85	+.4	-.4	+14.5	+17.0
D. C.....	4,500	396,000	87.20	+.6	+2.4	+9.5	+9.5
Fla. 2/.....	20,600	1,253,000	60.90	+.1	-.4	-1.2	-1.3
Ga. 2/.....	30,000	1,825,000	60.95	+.3	+.2	+3.6	+4.0
Guam.....	47	2,600	(4/)	(4/)	(4/)	(4/)	(4/)
Hawaii 2/....	1,600	194,000	121.55	-.5	+1.3	+6.0	+20.4
Idaho.....	2,800	207,000	74.95	+.4	+.1	+5.2	+5.7
Ill. 2/.....	35,200	3,088,000	87.75	+.5	+1.4	+9.9	+16.2
Ind.....	3,700	190,000	51.15	+2.5	+2.4	+30.3	+35.8
Iowa.....	2,500	336,000	133.35	+1.1	+.8	+14.4	+19.0
Kans. 2/.....	5,300	355,000	67.40	+.8	+.5	-7.5	-44.8
Ky. 2/.....	14,500	1,015,000	70.25	-3.6	-3.6	-1.5	-2.0
La.....	22,600	1,211,000	53.45	+1.6	+1.6	+.4	+1.5
Maine 2/.....	2,900	240,000	83.90	+1.3	+2.1	+10.5	+24.3
Md. 2/.....	14,300	1,158,000	81.10	+.9	+1.9	+17.9	+23.4
Mass.....	15,200	1,593,000	104.80	+.3	+1.3	+6.2	+20.0
Mich.....	21,300	1,957,000	91.90	+1.2	+2.0	+16.5	+26.0
Minn.....	8,900	741,000	84.05	+.6	+1.2	+8.5	+15.4
Miss.....	21,400	945,000	44.15	-.3	-.4	-3.3	-6.3
Mo.....	17,600	1,301,000	73.95	+.3	+.4	+3.7	+1.8
Mont.....	1,700	135,000	77.25	+.4	-.7	+16.0	+16.6
Nebr.....	3,400	233,000	68.15	+.3	-.1	+2.5	+2.2
N. H.....	720	74,100	103.35	+2.4	+1.2	+1.8	+5.3
N. J.....	10,900	1,021,000	93.95	+4.4	+5.9	+12.6	+17.1
N. Mex. 2/...	6,800	472,000	69.05	+1.7	+1.5	+29.1	+28.1
N. Y. 2/.....	50,700	5,122,000	100.95	+5.7	-5.1	+27.3	+22.1
N. C. 2/.....	24,300	1,783,000	73.25	+.7	+.9	+4.2	+10.5
N. Dak. 2/...	1,900	171,000	88.00	+.6	+2.4	+4.9	+6.5
Ohio.....	26,400	1,898,000	72.00	+1.5	+1.2	+15.3	+13.6
Okla. 2/.....	19,300	1,812,000	93.80	-.4	-.6	-2.2	-2.7
Oreg.....	4,600	363,000	78.50	-8.7	-1.8	-11.8	-12.4
Pa.....	26,600	2,311,000	86.95	+.5	+22.1	+2.3	+21.6
P. R. 2/.....	13,000	136,000	10.50	+.6	+.4	+3.4	+19.6
R. I. 2/.....	3,600	273,000	76.00	+.5	+4.5	+7.2	-.1
S. C.....	9,400	481,000	51.35	+1.4	+1.4	-.1	-1.8
S. Dak.....	1,400	89,400	65.25	+.4	-.1	+6.4	+2.7
Tenn.....	20,000	1,305,000	65.35	+.8	+.8	+13.3	+12.4
Tex.....	17,800	1,075,000	60.30	+1.7	+1.3	+36.6	+34.1
Utah.....	4,400	247,000	56.05	+2.2	+1.3	+17.1	+7.0
Vt. 2/.....	1,700	145,000	86.55	+1.1	+1.6	+19.9	+22.7
V. I.....	70	2,900	41.15	(4/)	(4/)	(4/)	(4/)
Va.....	7,200	497,000	69.00	+.3	+.2	+.3	+5.6
Wash.....	11,200	896,000	80.15	+2.6	+1.7	+11.7	+14.4
W. Va.....	6,400	359,000	56.10	+.1	+.4	+5.7	+9.3
Wis.....	6,100	431,000	70.65	+1.3	+12.7	+13.6	+35.8
Wyo.....	940	61,700	73.10	0	+.3	-1.3	-1.8

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Data for December; January data not reported.
4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 7. Aid to families with dependent children: Recipients of money payments and amount of payments, by State, January 1969[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from-- December 1968 in--		Percentage change from-- January 1968 in--	
		Total 2/	Children	Total amount	Average per-- Family	Average per-- Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/..	1,554,000	6,215,000	4,646,000	$266,707,000	$171.60	$42.90	+2.1	+4.2	+14.2	+23.3
Ala.	24,600	103,000	81,600	1,582,000	64.35	15.45	+1.1	+1.7	+21.6	+23.6
Alaska 4/	1,800	6,300	4,800	297,000	167.55	47.30	---	---	---	---
Ariz.	10,300	43,500	33,200	1,225,000	118.80	28.15	+.3	+.3	+.1	-.8
Ark.	9,800	39,700	30,000	764,000	77.95	19.30	+.1	+.3	+1.5	(5/)
Calif. 3/	243,000	930,000	671,000	44,916,000	184.90	48.30	+3.2	+3.0	+17.7	+23.0
Colo. 3/	15,000	56,100	42,700	2,233,000	149.05	39.85	+1.3	+1.2	+.6	+6.0
Conn. 3/	19,300	74,300	55,200	4,790,000	248.10	64.50	+2.1	-2.3	+15.7	+34.3
Del. 3/	4,600	18,000	13,600	587,000	128.45	32.60	+2.1	+1.7	+2.9	+5.5
D. C.	6,800	30,100	23,900	1,239,000	182.55	41.15	+1.1	+3.8	+18.0	+26.0
Fla.	44,200	174,000	138,000	3,566,000	80.70	20.45	+1.0	-7.0	+17.9	+58.0
Ga.	36,900	144,000	111,000	3,533,000	95.75	24.45	+2.1	+2.0	+34.8	+30.4
Guam	270	1,400	1,100	47,900	177.95	35.10	-.3	-22.3	+46.0	+44.7
Hawaii 3/	5,200	21,500	15,700	1,006,000	191.75	46.75	+2.0	+1.3	+6.7	+14.3
Idaho	3,300	12,200	8,800	577,000	176.45	47.35	(6/)	(6/)	+3.2	+4.1
Ill. 3/	71,900	320,000	248,000	15,345,000	213.50	48.00	+1.7	+4.9	+14.1	+23.6
Ind.	13,500	55,700	42,000	1,814,000	134.85	32.55	+.2	+1.0	+9.5	+6.9
Iowa	14,400	55,700	40,600	2,771,000	192.55	49.75	+1.5	+1.7	+14.5	+15.2
Kans. 3/	11,000	44,500	34,500	2,066,000	188.45	46.40	+1.6	+1.9	+8.3	+16.8
Ky.	30,000	116,000	84,000	3,363,000	112.20	28.95	+.4	+.4	+9.8	+12.5
La.	38,700	169,000	131,000	4,012,000	103.75	23.75	+4.2	+4.7	+33.5	+32.0
Maine 3/	7,100	26,100	19,200	786,000	110.45	30.10	+3.9	+4.3	+18.9	+20.3
Md. 3/	29,400	116,000	89,200	4,561,000	154.90	39.40	+.7	-.3	+4.2	+7.6
Mass. 3/	45,900	169,000	125,000	11,075,000	241.30	65.45	-.1	-1.0	+20.3	+43.9
Mich. 3/	49,900	202,000	152,000	9,582,000	191.90	47.40	+.6	+1.9	+7.7	+15.6
Minn.	17,700	63,600	48,900	3,503,000	198.15	55.10	+.4	-.4	+4.3	+7.8
Miss.	25,600	103,000	84,700	975,000	38.05	9.50	+.4	+12.2	+2.0	+15.1
Mo. 3/	29,400	121,000	92,600	3,223,000	109.45	26.70	+.5	+.4	+7.0	+15.2
Mont.	2,800	10,500	8,000	394,000	139.70	37.65	-.9	-.2	+7.0	+10.0
Nebr. 3/	6,500	25,800	19,800	958,000	147.70	37.10	+1.0	+1.2	+7.8	+10.0
Nev.	2,300	8,800	6,700	272,000	118.50	31.05	+2.7	+2.7	+13.9	+14.4
N. H.	1,700	6,900	5,100	308,000	181.30	44.80	+2.3	+2.9	+17.3	+24.3
N. J. 3/	45,400	181,000	136,000	10,868,000	239.60	60.05	+6.4	+7.3	+22.5	+27.5
N. Mex.	11,200	44,400	33,700	1,362,000	121.75	30.70	+.9	+.8	+12.8	+12.7
N. Y. 3/	254,000	975,000	713,000	63,449,000	249.75	65.10	+2.5	+3.1	+19.9	+26.5
N. C.	27,100	109,000	82,400	3,040,000	112.40	27.90	+.7	+.9	+1.6	+11.2
N. Dak.	2,600	10,100	7,700	482,000	189.10	47.90	+.6	+1.1	+4.4	+7.3
Ohio 3/	60,000	243,000	181,000	9,595,000	159.85	39.50	+.7	+4.6	+7.1	+14.4
Okla. 3/	22,900	87,300	66,000	2,969,000	129.40	34.00	-1.7	-1.8	-2.7	-3.7
Oreg. 3/	12,900	48,500	34,200	1,943,000	150.65	40.05	+4.5	+6.2	+11.1	+13.1
Pa. 3/	82,400	347,000	253,000	17,059,000	206.95	49.20	+4.8	+36.5	+13.0	+44.4
P. R.	38,100	189,000	142,000	1,337,000	35.15	7.05	+.5	+2.4	+6.4	+41.7
R. I. 3/	8,700	33,600	24,600	1,702,000	194.60	50.65	+3.1	+15.4	+11.8	+28.6
S. C.	9,500	37,100	29,700	682,000	71.95	18.35	+3.1	+3.2	+30.5	+28.6
S. Dak.	3,800	14,100	10,600	640,000	167.50	45.35	+.5	+4.0	+4.2	+14.1
Tenn.	27,800	109,000	84,000	2,845,000	102.30	26.10	+.9	+.9	+12.2	+11.3
Tex.	36,000	164,000	126,000	3,100,000	86.10	18.85	+2.6	+2.6	+29.5	+16.8
Utah 3/	7,600	29,800	21,200	1,164,000	152.40	39.05	+5.0	+3.5	+1.8	+13.5
Vt. 3/	3,000	11,300	8,000	547,000	182.85	48.60	+4.3	+5.0	+33.7	+44.8
V. I.	410	1,600	1,400	47,100	115.25	28.75	+3.2	+2.9	+5.0	+5.2
Va.	15,900	64,800	50,100	2,075,000	130.80	32.05	+.4	+1.0	+10.3	+18.2
Wash. 3/	21,200	78,700	55,900	3,750,000	176.95	47.65	+6.5	+4.8	+6.4	+12.6
W. Va. 3/	19,900	88,200	61,500	2,282,000	114.90	25.85	+1.4	+1.4	-7.9	-6.4
Wis. 3/	20,000	77,100	58,100	4,219,000	210.80	54.70	+2.3	+.3	+22.1	+37.2
Wyo.	1,200	4,500	3,500	177,000	141.80	39.05	+1.5	+1.9	-.9	+1.9

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Data for December; January data not reported.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients of money payments and amount of payments, by State, January 1969[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		December 1968 in--		January 1968 in--	
		Total [2]	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	69,900	378,000	253,000	$16,725,000	$239.10	$44.25	+12.4	+16.6	-9.9	+0.5
Calif.....	25,100	137,000	90,100	5,796,000	231.15	42.20	+12.3	+10.2	+.2	+6.1
Colo.....	930	5,100	3,400	205,000	220.55	40.60	+21.1	+19.0	-24.1	-20.5
Conn.....	220	1,200	820	77,100	350.25	63.60	+6.0	+9.6	-70.2	-55.2
Del.....	63	420	300	12,500	198.45	29.40	-6.4	-6.7	-78.0	-77.0
Hawaii.....	280	1,600	1,100	71,500	254.40	43.75	-.2	+.8	-37.7	-31.1
Ill.....	3,300	20,400	14,000	964,000	290.60	47.15	+7.4	+13.2	-6.1	+5.8
Kans.....	260	1,500	1,000	64,600	249.45	42.00	+3.5	+12.1	-27.2	-12.3
Maine.....	5	28	18	850	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Mi.....	190	1,000	660	35,000	182.55	33.85	+27.7	+26.9	-77.6	-77.7
Mass.....	740	4,100	2,700	215,000	292.10	52.70	-.3	-5.0	+8.6	+8.4
Mich.....	1,200	7,500	5,000	317,000	258.20	42.35	+3.1	+5.8	-42.6	-39.0
Mo.....	79	510	350	14,200	179.95	28.10	+8.1	+6.1	(4/)	(4/)
Nebr.....	75	460	320	16,300	217.45	35.75	+16.6	+22.9	-10.8	-.8
N. J.....	740	4,700	3,200	245,000	330.90	52.00	(4/)	(4/)	(4/)	(4/)
N. Y.....	18,300	88,200	62,500	5,056,000	277.00	57.30	+9.2	+17.8	-3.1	+9.7
Ohio.....	2,500	14,700	9,700	559,000	222.90	38.15	+2.0	+5.4	-33.1	-26.2
Okla.....	440	2,600	1,800	85,500	196.00	32.25	-1.5	-1.5	-38.4	-39.5
Oreg.....	2,100	11,400	7,200	401,000	189.60	35.20	+34.4	+28.0	+7.8	+5.2
Pa.....	4,100	22,800	14,700	892,000	217.00	39.15	+24.8	+65.2	-9.7	+16.1
R. I.....	270	1,600	1,000	65,600	242.10	42.00	+21.4	+29.0	-34.2	-19.9
Utah.....	1,200	6,500	4,300	206,000	169.95	31.65	+13.1	+16.6	-26.1	-26.8
Vt.....	78	430	270	20,800	266.25	48.55	+139.1	+153.5	(4/)	(4/)
Wash.....	1,500	8,300	5,300	341,000	223.15	41.25	+32.7	+34.7	-29.8	-23.0
W. Va.....	5,300	30,000	19,700	786,000	149.35	26.25	+.6	+1.2	-26.0	-25.2
Wis.....	980	5,400	3,600	278,000	285.30	51.55	+9.3	+9.9	+16.3	+38.3

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Average payment not computed on base of fewer than 50 families.
4/ First payments under this program made by Missouri in August 1968; by Vermont in July 1968; by New Jersey in January 1969.

Table 9. Institutional services in intermediate care facilities under old-age assistance, aid to the blind, and aid to the permanently and totally disabled: Recipients of such services and amount of payments, by State, January 1969[1]

State	Total, all programs 2/			Old-age assistance		
	Number of recipients	Payments for recipients		Number of recipients	Payments for recipients	
		Total amount	Average		Total amount	Average
Total.....	3/ 18,100	$5,894,000	3/ $175.25	3/ 13,100	$4,463,000	3/ $177.00
Colorado.....	4,300	963,000	223.45	3,200	736,000	228.20
Illinois.....	(3/)	2,725,000	---	(3/)	2,147,000	---
Kansas.....	3,200	532,000	166.80	2,200	364,000	162.90
Louisiana.....	240	31,000	126.65	210	25,600	124.45
Maine.....	2,400	520,000	217.75	2,200	472,000	216.95
Oregon.....	2,600	346,000	133.95	1,900	247,000	131.00
Rhode Island.....	1,600	252,000	162.05	1,100	183,000	161.60
Utah.....	1,600	250,000	152.80	880	129,000	146.80
Washington.....	2,200	275,000	126.50	1,300	159,000	118.50

1/ All data subject to revision. Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.
2/ Includes a few payments of this type made without Federal participation for recipients of AFDC or GA.
3/ Data for Illinois not reported.

Table 10. General assistance: Recipients of money payments and amount of payments, by State, January 1969[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		December 1968 in--		January 1968 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	402,000	850,000	$38,431,000	$95.55	$45.25	+2.7	+3.9	+4.0	+17.8
Ala.	88	88	1,100	12.85	12.85	-16.2	-16.7	(3/)	(3/)
Alaska 4/	240	790	16,700	70.30	21.15	---	---	---	---
Ariz.	2,000	5,400	101,000	50.90	18.80	+17.3	+4.7	-34.9	-.5
Ark.	340	1,200	4,500	13.40	3.70	+47.4	+33.5	-10.5	-7.6
Calif.	36,200	61,600	2,305,000	63.70	37.40	+1.6	-14.8	+13.0	+.3
Colo.	1,100	3,500	48,300	42.80	13.95	+15.3	+33.7	-15.8	-9.8
Conn. 5/	7,300	22,300	726,000	99.60	32.55	+4.5	-2.2	+27.5	+46.4
Del.	2,300	5,600	142,000	61.15	25.50	+15.5	+11.7	+49.3	+33.7
D. C.	1,200	1,300	108,000	91.85	23.05	+4.6	+11.1	+15.3	+16.1
Fla. 5/	8,100	21,100	248,000	---	---	---	---	---	---
Ga.	2,100	5,300	84,000	40.10	15.95	+8.7	+5.3	-5.0	+6.6
Guam	64	87	3,700	58.20	42.85	(3/)	(3/)	(3/)	(3/)
Hawaii	1,800	3,800	201,000	113.65	53.00	+4.6	+3.0	+50.1	+48.8
Ill.	28,800	65,100	2,894,000	100.55	44.45	+12.4	+4.5	+8.1	+19.1
Iowa 5/	3,200	8,300	151,000	---	---	---	---	---	---
Kans.	3,200	6,700	284,000	88.65	42.20	+12.6	+6.1	+4.7	+15.1
La.	7,000	7,600	356,000	51.10	46.85	+3.5	+3.2	+9.6	+10.5
Maine	2,900	9,700	138,000	47.90	14.15	+15.6	+16.9	+10.8	+11.6
Md.	6,300	8,000	551,000	87.70	69.20	+10.1	+6.9	-6.4	-7.8
Mass.	11,600	22,400	1,300,000	112.55	58.05	+.2	+2.6	+6.7	+45.7
Mich.	25,300	75,700	3,059,000	120.75	40.40	+.7	+16.3	+17.4	+19.1
Minn.	7,400	21,800	775,000	104.60	35.50	+17.6	+19.7	+6.1	+21.1
Miss.	1,300	1,700	24,300	18.30	14.65	-1.4	-2.0	+10.6	-2.0
Mo.	10,300	12,900	669,000	64.80	52.00	+3.4	+1.5	+1.1	+2.0
Mont.	1,200	3,500	71,200	61.15	20.10	+23.5	+25.3	-61.4	-63.7
N. H.	870	2,900	66,500	76.40	22.75	+15.5	+13.0	+4.2	+12.8
N. J. 6/	8,900	16,800	971,000	109.40	57.95	-58.3	-45.4	-61.8	-46.2
N. Mex.	160	240	7,400	46.60	30.80	-21.9	-14.5	-73.7	-70.5
N. Y.	110,000	223,000	14,090,000	128.15	63.20	+1.0	+1.5	+21.8	+26.0
N. C.	2,000	5,500	57,100	28.60	10.40	+25.4	+11.4	-7.4	+2.6
N. Dak.	240	900	13,800	56.60	15.30	+38.6	+40.6	-11.4	-5.1
Ohio	26,500	71,400	2,506,000	94.40	35.10	+8.4	+5.8	-23.4	+2.9
Okla.	1,200	3,000	21,800	18.10	7.20	+13.9	+9.7	---	+4.4
Oreg.	2,600	6,400	166,000	64.75	26.00	+20.3	+28.4	---	+17.7
Pa.	37,900	50,300	3,749,000	99.00	74.60	+6.6	+41.3	+19.6	+54.2
R. I.	4,800	13,800	325,000	67.05	23.45	+7.8	+8.3	+34.8	+12.0
S. C.	960	1,100	37,300	38.75	33.45	+8.6	+9.1	+26.0	+31.7
S. Dak.	330	1,000	12,600	37.85	11.95	+23.7	+28.3	+3.0	-4.9
Tenn.	1,700	5,000	49,000	28.05	9.70	+25.0	+9.6	-35.8	-40.6
Tex. 5/	7,700	(7/)	276,000	---	---	---	---	---	---
Utah	1,600	1,800	128,000	81.50	70.55	+7.2	+10.9	+.8	+9.4
Vt. 5/	400	(7/)	12,000	---	---	---	---	---	---
V. I.	150	160	6,500	43.75	39.50	+1.9	+1.1	-4.7	-2.3
Va.	4,600	8,300	266,000	58.25	32.00	+13.1	+11.8	+10.0	+40.8
Wash.	12,000	27,300	1,136,000	94.70	41.55	+31.2	+19.6	+62.0	+47.3
W. Va.	2,400	4,300	109,000	46.20	25.20	+18.6	+9.3	+45.7	+44.7
Wis. 4/	4,900	14,000	429,000	87.10	30.65	---	---	---	---
Wyo.	280	930	20,200	72.00	21.60	+20.8	+15.2	-38.1	-41.8

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.
3/ Percentage change not computed on base of fewer than 100 recipients.
4/ Data for December; January data not reported.
5/ Estimated.
6/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.
7/ Data not available.

Table 11. Amount of vendor payments for medical care for recipients of public assistance, by program and State, January 1969[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		December 1968	January 1968							
Total	$381,788,000	+7.1	+24.8	$357,408,000	$4,315,000	$8,393,000	$199,000	$3,095,000	$2,157,000	$6,221,000
Ala.	1,633,000	+1.0	+12.8	---	1,200	1,484,000	6,400	141,000	---	---
Alaska 3/ 4/	180,000	---	+11.8	---	---	51,900	1,200	39,000	---	88,200
Ariz.	205,000	+7.3	+42.4	---	480	205,000	---	---	---	---
Ark. 3/	1,797,000	-1.3	+7.0	---	400,000	928,000	23,600	361,000	84,300	---
Calif.	67,285,000	+29.1	+61.4	67,285,000	---	---	---	---	---	---
Colo.	2,489,000	+3.5	+19.5	2,438,000	---	---	---	---	---	50,900
Conn.	5,356,000	-4.5	+70.6	5,216,000	---	---	---	---	---	140,000
Del.	351,000	+1.4	+7.3	351,000	---	---	---	---	---	---
D. C.	9,500	-40.6	-97.9	8,900	---	---	---	---	---	600
Fla. 3/	2,253,000	+3.3	+14.2	---	---	1,774,000	18,500	286,000	174,000	---
Ga.	6,050,000	+47.6	+115.1	6,050,000	---	---	---	---	---	---
Guam	25,200	-11.0	+436.2	24,200	---	---	---	---	---	970
Hawaii	1,088,000	+8.0	+36.9	991,000	---	---	---	---	---	97,000
Idaho	563,000	+5.2	+3.5	563,000	---	---	---	---	---	---
Ill.	12,638,000	-11.7	-15.5	11,113,000	---	---	---	---	---	1,525,000
Ind.	3,284,000	+5.1	+30.4	---	532,000	1,365,000	88,000	696,000	603,000	---
Iowa	3,236,000	+39.1	+64.5	3,236,000	---	---	---	---	---	---
Kans.	3,548,000	+2.5	+173.8	3,548,000	---	---	---	---	---	---
Ky.	5,881,000	+86.5	+142.3	5,881,000	---	---	---	---	---	---
La.	4,406,000	+15.4	-13.6	4,288,000	---	---	---	---	---	118,000
Maine	805,000	-5.7	+27.5	709,000	---	---	---	---	---	96,100
Md.	6,758,000	+13.4	+42.7	6,758,000	---	---	---	---	---	---
Mass.	21,023,000	+4.9	+27.3	20,423,000	---	---	---	---	---	600,000
Mich.	16,792,000	+.6	+27.9	16,648,000	---	---	---	---	---	144,000
Minn.	8,220,000	+.3	+11.3	7,878,000	---	---	---	---	---	342,000
Miss.	441,000	+7.6	+30.5	---	---	363,000	5,700	72,200	---	---
Mo.	4,228,000	-9.9	+219.3	4,228,000	---	---	---	---	---	---
Mont.	888,000	+1.3	+10.9	655,000	---	---	---	---	---	233,000
Nebr.	2,224,000	+7.9	+9.0	2,224,000	---	---	---	---	---	---
Nev.	497,000	-16.9	+35.8	497,000	---	---	---	---	---	---
N. H. 4/	390,000	---	+46.6	390,000	---	---	---	---	---	---
N. J.	4,772,000	+2.0	+9.9	---	5/ 3,113,000	197,000	17,900	441,000	719,000	284,000
N. Mex.	1,987,000	+51.0	+39.6	1,957,000	---	---	---	---	---	30,400
N. Y.	110,766,000	+3.6	+7.7	110,766,000	---	---	---	---	---	---
N. C. 3/	1,778,000	-.8	+4.2	---	111,000	318,000	15,000	773,000	471,000	89,600
N. Dak.	764,000	-13.3	-.9	758,000	---	---	---	---	---	6,000
Ohio	10,719,000	+20.5	+34.8	9,034,000	---	---	---	---	---	1,685,000
Okla.	7,283,000	-6.7	+32.1	7,283,000	---	---	---	---	---	---
Oreg.	1,583,000	-5.7	+27.1	1,483,000	---	---	---	---	---	100,000
Pa.	15,513,000	-10.6	+25.6	15,513,000	---	---	---	---	---	---
P. R.	3,715,000	+19.1	+4.3	3,715,000	---	---	---	---	---	---
R. I.	2,115,000	+27.6	-.1	1,910,000	---	---	---	---	---	205,000
S. C.	1,307,000	-20.2	+77.8	1,280,000	---	---	---	---	---	26,500
S. Dak.	923,000	+3.1	+53.1	831,000	---	---	---	---	---	91,700
Tenn.	1,391,000	-10.8	+1.7	---	74,000	1,135,000	3,600	79,900	---	98,100
Tex.	12,971,000	+3.5	+23.8	12,971,000	---	---	---	---	---	---
Utah	834,000	-29.9	-1.0	831,000	---	---	---	---	---	2,900
Vt.	885,000	+2.7	+78.8	885,000	---	---	---	---	---	---
V. I. 4/	71,900	---	---	71,900	---	---	---	---	---	---
Va.	1,033,000	-2.9	+23.7	---	83,500	572,000	19,300	206,000	106,000	46,500
Wash.	4,037,000	-22.4	-22.3	4,038,000	---	---	---	---	---	---
W. Va.	1,385,000	+29.1	+30.7	1,328,000	---	---	---	---	---	57,200
Wis.	11,218,000	+1.9	+38.0	11,218,000	---	---	---	---	---	---
Wyo.	193,000	+69.3	+30.4	131,000	---	---	---	---	---	62,200

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting.
3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
4/ Data for January not reported; data represent amount reported for a previous month.
5/ Excludes small amount of money payments not subject to Federal participation.

Table 12. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, January 1969[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total	$375,569,000	$356,589,000	$18,980,000
Title XIX States	357,408,000	341,746,000	15,662,000
Other States	18,161,000	14,843,000	3,318,000
	Title XIX States		
Calif	67,285,000	65,656,000	1,628,000
Colo	2,438,000	2,026,000	2/ 413,000
Conn	5,216,000	5,191,000	24,600
Del	351,000	344,000	7,100
D. C	8,900	8,900	---
Ga	6,050,000	5,686,000	364,000
Guam	24,200	20,900	3,300
Hawaii	991,000	991,000	---
Idaho	563,000	537,000	25,800
Ill	11,113,000	10,935,000	179,000
Iowa	3,236,000	3,147,000	89,500
Kans	3,548,000	3,453,000	94,800
Ky	5,881,000	5,626,000	256,000
La	4,288,000	4,288,000	---
Maine	709,000	660,000	49,400
Md	6,758,000	6,758,000	---
Mass	20,423,000	20,421,000	1,900
Mich	16,648,000	16,499,000	149,000
Minn	7,878,000	7,781,000	97,400
Mo	4,228,000	3,848,000	380,000
Mont	655,000	640,000	15,100
Nebr	2,224,000	2,169,000	54,900
Nev	497,000	497,000	---
N. H. 3/	390,000	372,000	17,800
N. Mex	1,957,000	1,957,000	---
N. Y	110,766,000	110,515,000	251,000
N. Dak	758,000	709,000	2/ 48,500
Ohio	9,034,000	8,731,000	303,000
Okla	7,283,000	1,438,000	2/ 5,845,000
Oreg	1,483,000	1,483,000	---
Pa	15,513,000	15,513,000	---
P. R	3,715,000	3,715,000	---
R. I	1,910,000	1,881,000	29,200
S. C	1,280,000	1,185,000	94,500
S. Dak	831,000	813,000	17,700
Tex	12,971,000	7,940,000	5,031,000
Utah	831,000	811,000	19,800
Vt	885,000	869,000	15,900
V. I. 3/	71,900	71,900	---
Wash	4,038,000	3,882,000	2/ 156,000
W. Va	1,328,000	1,328,000	---
Wis	11,218,000	11,218,000	---
Wyo	131,000	131,000	---
	Other States		
Ala	1,632,000	1,632,000	---
Alaska 3/	92,100	92,100	---
Ariz	206,000	162,000	43,600
Ark	1,798,000	1,550,000	248,000
Fla	2,253,000	1,970,000	283,000
Ind	3,285,000	3,057,000	2/ 228,000
Miss	441,000	441,000	---
N. J	4,487,000	4,427,000	59,900
N. C	1,688,000	553,000	2/ 1,135,000
Tenn	1,292,000	74,000	2/ 1,218,000
Va	987,000	885,000	102,000

1/ All data subject to revision.
2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$1,135,000; Oklahoma-$5,534,000; Tennessee-$1,021,000; and premium payments to health-insuring agencies by Colorado-$277,000; Indiana-$153,000; North Dakota-$31,200; Texas-$4,110,000; Virginia-$43,400; and Washington-$7,400.
3/ Data for January not reported; data represent amount reported for a previous month.

Table 13. General assistance: Recipients of money payments and amount of payments for selected cities, January 1969

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		December 1968 in--		January 1968 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 15 cities 1/...	167,000	305,000	$18,424,000	$110.40	$60.45	+1.5	+5.4	+19.5	+27.9
Baltimore.....	5,200	6,600	462,000	88.35	69.55	+10.3	+6.4	-6.4	-9.2
Boston 2/.....	5,100	7,100	646,000	127.00	91.35	+8.9	+15.9	+14.6	+62.7
Buffalo.....	4,300	6,200	512,000	118.10	82.10	+2.1	+10.7	+4.5	+13.7
Chicago.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
Cincinnati 2/ 3/.....	5,200	16,900	403,000	77.75	23.80	+8.6	+8.3	-8.5	-7.0
Cleveland 2/ 3/.....	8,000	21,000	756,000	94.60	36.05	+8.1	+5.0	+23.8	+36.7
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	1,200	1,300	108,000	91.85	83.05	+4.6	+11.1	+15.3	+16.1
Los Angeles 2/.....	18,200	33,300	1,132,000	62.20	33.95	-1.4	-10.9	+15.5	+.1
Milwaukee 2/.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
Minneapolis.....	1,800	3,800	164,000	92.55	43.50	+8.6	+3.8	(4/)	(4/)
New Orleans.....	1,200	1,300	64,900	54.70	49.65	+8.4	+6.9	(4/)	(4/)
New York.....	85,500	166,000	11,147,000	130.35	67.35	-.7	+.8	+25.2	+28.2
Philadelphia.....	12,600	18,100	1,318,000	104.25	72.85	+5.0	+39.4	+29.7	+67.9
Pittsburgh.....	9,200	11,000	935,000	101.80	84.95	+6.5	+37.6	+16.0	+43.8
Rochester.....	1,200	2,900	134,000	116.20	45.65	+18.0	+25.5	+28.8	+63.2
St. Louis.....	2,000	2,300	127,000	63.65	55.00	+5.0	+1.7	+4.3	+4.6
San Francisco.....	6,200	7,200	516,000	82.90	71.50	-7.5	+16.4	+22.5	+56.5

1/ Data not reported for Detroit and Milwaukee. Percentage changes based on comparable data.
2/ Data for county in which city is located.
3/ Includes supplementation of categorical cases; not included in State data.
4/ Data not reported in January 1968.

Table 14. Proportion of population receiving public assistance money payments (recipient rates), by State, December 1968[1]

[Excludes recipients receiving only vendor payments for medical care. All data subject to revision]

State	All recipients per 1,000 population		Recipients of old-age assistance per 1,000 population age 65 and over	Recipients of aid to the blind per 100,000 population age 18 and over	Recipients of aid to the permanently and totally disabled per 1,000 population aged 18-64	Children receiving aid to families with dependent children		Recipients of general assistance per 1,000 population under age 65
	Including General assistance	Excluding General assistance				Per 1,000 population under age 18	Per 1,000 population under age 21	
U. S. average...	48	44	104	62	6.4	63	56	2/ 5.1
Ala.....	66	66	366	85	8.5	62	54	(3/)
Alaska.....	38	34	205	78	4.7	40	37	3.3
Ariz.....	40	38	89	61	7.1	51	45	3.0
Ark.....	58	57	271	143	10.7	42	37	.5
Calif.....	74	70	178	4/ 103	12.7	95	84	3.5
Colo.....	52	51	212	16	7.1	57	50	1.7
Conn.....	36	29	27	12	3.3	53	47	7.9
Del.....	49	40	43	109	4.1	66	59	9.9
D. C.....	48	47	36	38	10.3	84	76	1.7
Fla.....	47	43	89	60	6.4	65	58	3.8
Ga.....	60	59	258	114	12.3	63	56	1.2
Guam 5/.....	22	21	138	15	1.2	27	24	1.0
Hawaii.....	38	34	46	16	4.1	51	45	5.2
Idaho.....	6/ 26	26	51	24	7.4	34	29	(6/)
Ill.....	41	35	34	25	5.8	63	56	5.9
Ind.....	6/ 15	15	35	44	1.3	23	20	(6/)
Iowa.....	32	29	66	57	1.7	41	36	3.4
Kans.....	30	28	51	25	4.3	43	38	3.0
Ky.....	6/ 62	62	191	116	8.8	74	64	(6/)
La.....	85	83	406	108	11.5	86	75	2.2
Maine.....	49	40	88	34	5.6	54	47	9.9
Md.....	39	37	29	15	6.9	64	57	2.1
Mass.....	48	43	79	75	5.1	68	60	4.6
Mich.....	38	30	49	25	4.4	46	41	9.4
Minn.....	31	26	57	35	4.6	36	32	5.7
Miss.....	85	84	327	159	17.9	92	80	.8
Mo.....	53	51	165	4/ 128	7.1	59	52	3.1
Mont.....	28	24	54	39	4.8	32	28	4.6
Nebr.....	6/ 26	26	45	38	4.6	39	34	(6/)
Nev.....	6/ 25	25	97	61	---	38	34	(6/)
N. H.....	20	17	53	51	1.8	21	18	4.0
N. J.....	33	28	21	19	2.6	54	48	7/ 6.3
N. Mex.....	62	61	144	66	13.5	78	69	.3
N. Y.....	72	60	42	27	4.7	117	103	13.7
N. C.....	36	35	95	144	8.6	44	39	.9
N. Dak.....	27	26	62	22	6.1	33	29	1.2
Ohio.....	37	31	62	41	4.4	47	42	6.8
Okla.....	76	75	271	86	14.2	79	70	1.2
Oreg.....	32	30	38	39	4.5	49	42	2.9
Pa.....	39	35	35	116	4.0	63	55	4.5
P. R. 5/.....	6/ 82	82	140	53	9.8	113	99	(6/)
R. I.....	60	46	42	19	7.4	80	71	16.3
S. C.....	26	26	107	118	6.6	28	25	.4
S. Dak.....	33	31	60	29	4.2	43	38	1.5
Tenn.....	46	45	133	70	8.9	60	53	1.1
Tex.....	6/ 38	38	246	61	3.0	30	26	(6/)
Utah.....	38	36	63	23	8.1	47	42	1.7
Vt.....	6/ 39	39	85	39	7.3	51	45	(6/)
V. I. 5/.....	35	33	118	26	2.3	48	43	2.7
Va.....	21	19	32	39	2.9	30	27	1.8
Wash.....	40	34	76	22	6.1	46	41	7.1
W. Va.....	60	58	58	49	6.3	101	87	2.3
Wis.....	26	23	35	22	2.7	37	32	3.7
Wyo.....	26	24	66	20	5.1	29	26	2.8

1/ Based on civilian population as of January 1, 1969; estimated by the Bureau of the Census.
2/ Based on data for 46 States. See footnote 6.
3/ Less than 0.05.
4/ Includes recipients of payments made without Federal participation. Recipient rates excluding these recipients are as follows: California, 101 and Missouri 106.
5/ Based on estimated population as of July 1, 1968; estimate as of January 1, 1969 not available.
6/ Number of persons aided under General assistance program not currently available.
7/ Includes an unknown number of persons receiving medical care, hospitalization, and burial only.

5/ Data not reported in January 1968.

Table 15. Old-age, survivors, disablity, and health insurance, summary benefit data, January 1969[1]

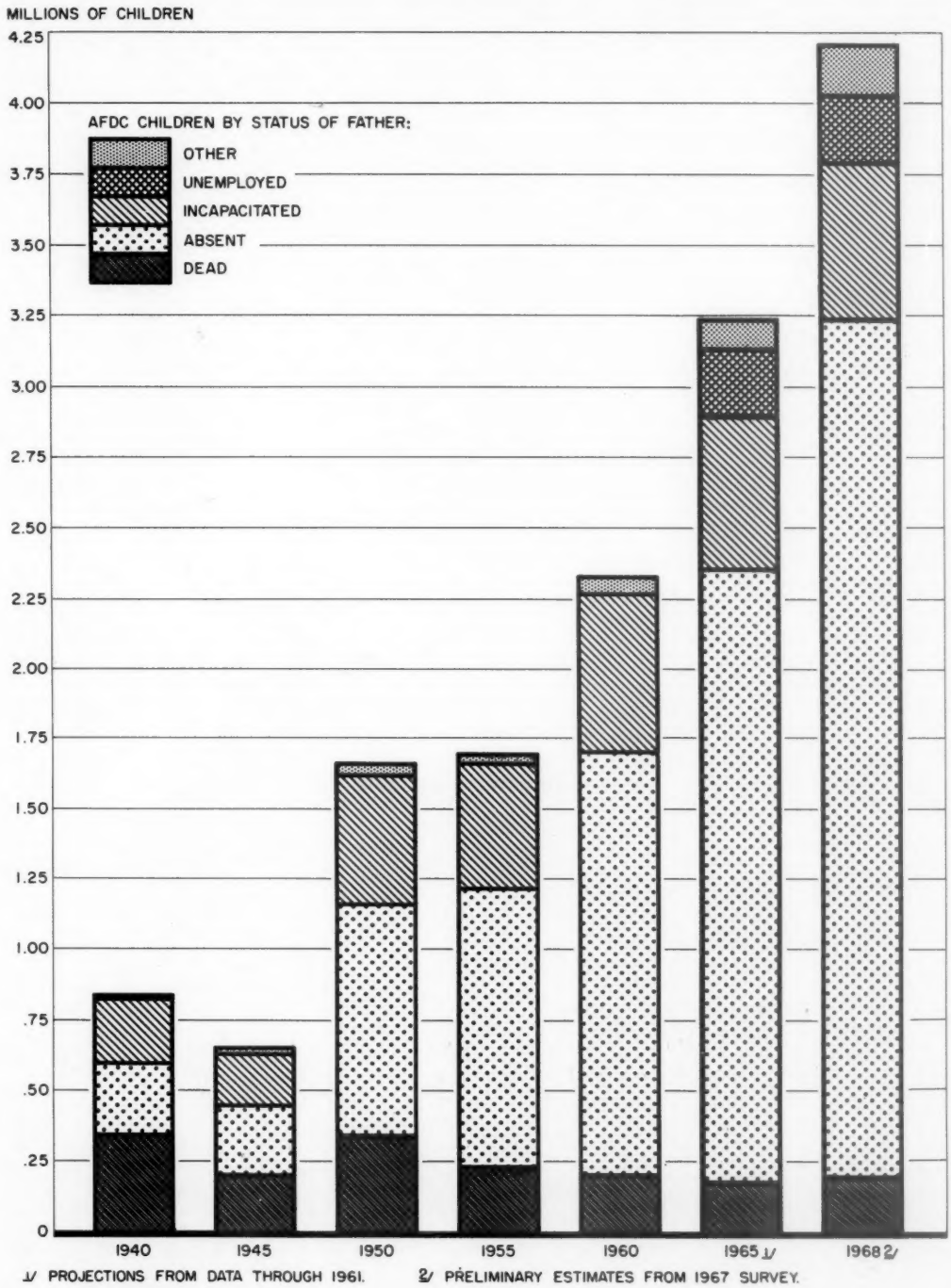
CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	308,141	---	24,668,773	---	$2,073,119	$2,147,895
Retired workers and dependents	142,888	---	15,638,788	---	1,389,128	1,412,783
Retired workers	100,078	$107.64	12,466,366	$98.94	1,233,376	1,247,416
Wives and husbands	27,514	50.33	2,646,567	51.23	135,572	144,239
Children 2/	15,296	42.23	525,855	38.37	20,179	21,128
Disabled workers and dependents	64,591	---	2,354,174	---	183,176	207,080
Disabled workers	29,243	116.32	1,302,608	111.89	145,754	163,243
Wives and husbands	7,910	38.66	255,485	38.19	9,756	11,560
Children 2/	27,438	34.82	796,081	34.75	27,666	32,277
Survivors of deceased workers	96,234	---	6,006,869	---	474,595	501,221
Widowed mothers	8,842	75.41	508,221	74.95	38,092	40,068
Children 2/	51,542	69.36	2,509,733	70.86	177,847	186,417
Widows and widowers 3/	35,680	89.63	2,957,379	86.52	255,869	271,717
Parents	170	103.55	31,536	88.32	2,785	3,019
Special age-72 beneficiaries 4/	4,428	---	668,942	---	26,220	26,811
Primary	4,265	---	649,673	39.77	25,835	26,416
Wives	163	---	19,269	19.96	385	395
Lump-sum death payments 5/	101,895	234.47	---	---	---	23,079

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Includes disabled persons aged 18 and over whose disability began before age 18.
3/ Includes actuarially reduced benefits for widows and divorced wives ages 60-61; a total of 130,377 such beneficiaries were in current-payment status. Also includes disabled widows and widowers aged 50-61; a total of 23,687 such persons were in current payment status.
4/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.
5/ Number of lump-sum payments shown were paid on the accounts of 98,432 deceased workers; the average amount represents average per deceased worker.

* U. S. GOVERNMENT PRINTING OFFICE : 1969 396-073/1

Number of children receiving AFDC money payments by status of father, June of selected years, 1940-1968



1/ PROJECTIONS FROM DATA THROUGH 1961. 2/ PRELIMINARY ESTIMATES FROM 1967 SURVEY.

per deceased worker.

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